

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	22 March 2013
Report Title:	Inquiries Received and Action Taken
Reference:	4798
Report From:	Director of Policy & Governance

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1. Summary and Purpose

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through which Local Involvement Networks (LINKs) and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in Table One of this report.
- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/inquiry	Source	Action Taken	Comment
Quality Handover	Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster (SHIP PCT Cluster)	For the HOSC to be briefed on the work being undertaken to draw together the SHIP PCT quality handover document for submission to the Strategic Health Authority prior to 1 April 2013. The document needs to detail how the PCT Cluster has handed over information about the quality of services across all of the current commissioned services, including those in Primary, Community, Secondary, Specialist and Offender Health services. A presentation will be made available to the Committee on 22 March 2013.	Preparation of a Quality Handover Document is a requirement of the National Quality Board as part of the NHS Commissioning Board, and forms a key part of the Transition and Legacy Work stream of the organisation.
<p>Recommendations:</p> <p>That Members confirm:</p> <ol style="list-style-type: none"> 1. If they require any further information or a further update. 			
Fast Track and Continuing Healthcare – update on review and post-April 2013 commissioning intentions	NHS Hampshire and HCC Adult Services	The Committee added the topic of continuing healthcare to their work programme following concerns reported to the Committee. The last update provided to the HOSC evidenced	The HOSC will wish to ensure that the good progress made over the past year is not lost as a result of the transition of commissioning, and that good practice

Topic/inquiry	Source	Action Taken	Comment
		<p>an improvement in service delivery, which the Committee will be looking to CCGs to continue after April 2013 once they assume statutory responsibility for the NHS Continuing Healthcare agenda</p> <p>A report can found at Appendix 1.</p>	<p>in this area continues to be shared across Clinical Commissioning Groups in future.</p>
<p>Recommendations:</p> <p>That Members confirm:</p> <ol style="list-style-type: none"> 1. If they require any further information on the fast track continuing healthcare update. 2. If they require a further update. 			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

Equalities Impact Assessment:

No implications arising from this report

Impact on Crime and Disorder:

No implications arising from this report

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?
No implications arising from this report

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?
No implications arising from this report

Committee:	Health Overview and Scrutiny Committee
Date:	22 March 2013
Title:	Review of Continuing Healthcare Arrangements in Hampshire

1. Purpose of Report

- 1.1 The Committee received an update in June 2012 on the work that was being undertaken to review the current working practices within the Continuing NHS Healthcare (CHC) in the County. At that time an overarching action plan was shared with Committee Members.
- 1.2 This briefing is intended to update Members on the progress of implementing the action plan and further work that has been achieved to date.

2. Action Plan

- 2.1 The attached updated action plan demonstrates that all of the identified actions have been achieved. The Joint Operational CHC meeting involving NHS Hampshire (NHSH) and Adult Services continues to take forward improvement in this challenging agenda.

3. Update

- 3.1 In November 2012 the Department of Health published a revised National Framework for NHS Continuing Healthcare in preparation for the transfer of responsibilities to the NHS Commissioning Board and Clinical Commissioning Groups in April 2013. The revised framework now incorporates three previous documents.
 - NHS Continuing Healthcare Practice Guidance
 - NHS Continuing Healthcare Frequently Asked Questions
 - NHS Continuing Healthcare Refunds Guidance
- 3.2 In addition there have been amendments to the following supporting documents:
 - NHS Continuing Care Checklist
 - Decision Support Tool (DST) for :NHS Continuing Healthcare
 - Fast Track Pathway Tool for NHS Continuing Healthcare

Also advice for CCGs in terms of their responsibilities and duties re CHC.

- 3.3 There is no change to the basic policy and eligibility criteria within these documents and as a result the DH advises that they can be used with immediate effect
- 3.4 The Committee were made aware that NHSH and Hampshire County Council (HCC) had jointly commissioned an independent review of NHS Continuing Healthcare (CHC) arrangements in the county. The purpose of the review was to look at whether our current processes were compliant with national guidance, what improvements could be made, and also what opportunities might exist for HCC and NHSH to work more closely in this area for the benefit of individuals who are, or who may become, eligible for full NHS funding for their care. The review has also given NHSH and HCC an opportunity to prepare for transition to the Clinical Commissioning Groups in April 2013 when NHS commissioning architecture changes.
- 3.5 An additional priority occurred following the Department of Health decision to introduce a cut-off date of 30 September 2012 for individuals to apply for a retrospective review of their CHC eligibility where the period of care in question falls between 1 April 2004 and 31 March 2011 (for care from 1 April 2011 to 31 March 2012 the cut-off date is 31 March 2013). This has resulted in a significant increase in referrals for both current and retrospective assessments. NHSH and HCC are working hard to manage this increased workload.
- 3.6 The joint working group has implemented the following key changes:
- The NHSH Operational Policy for CHC has been reviewed and updated and is now available on the NHS web site.
 - The joint training programme has been reviewed and re-launched. Feedback to date has been very positive. This training is delivered by health and social care staff to all agencies involved in the CHC assessment process.
 - The Fast Track End of Life care pilot has been introduced to all acute hospitals in Hampshire. Feedback has confirmed the positive impact on improving access to timely and appropriate support. Many of the hospitals are no longer in “pilot status” as the approach has been embedded as “business as usual”
 - The fast Track EOL Pilot has been introduced within the community in some areas as well. This supports individuals to have palliative care at home and reduces the need for people to be admitted to hospital at this critical time. It is hoped that the process will be used by Clinicians County wide.
 - HCC are able to offer Carers Grants again this year, these grants have been very successful in supporting people who are caring for their relatives EOL. They are held within the Carer support groups within Hospices
 - In December 2012 the Continuing NHS Healthcare Team moved its management hub from Fareham Reach to Fareham Health Centre, Osborn Road, Fareham, Hampshire. PO16 7ER

4. Future Development

- 4.1 As a result of the NHS commissioning changes the five Hampshire based Clinical Commissioning Groups will assume statutory responsibility for the NHS Continuing Healthcare agenda. The Employment of the team responsible for this important area of work are being hosted by the West Hampshire CCG and a collaborative risk sharing arrangement has been agreed

- 4.2 In preparation for this the operational policy has been reviewed and will be ratified by each governing body in March 2013.
- 4.3 A Joint Commissioning post was developed by HCC and the post holder is in place to build upon and develop further joint working opportunities.
- 4.4 The Joint CHC Operational Board will continue to meet to ensure that the strengthened collaborative arrangements developed over the last year will be sustained. The Board and the CHC team will be regularly reporting to the CCG's on the CHC agenda to ensure that the improvements that have been made over the past year are sustained .

5. Conclusion

- 5.1 This briefing has provided an update for Members on the progress of improvements associated with Continuing NHS Care in Hampshire and demonstrates a genuine commitment to ensure fair access to safe and appropriate care. It also provides reassurance that emergent CCG's are supporting the on-going development.

Author: Diane Wilson, Associate Director Quality and Safeguarding Adults

Progress Summary - Hampshire Continuing Health Care Action Plans 14.01.13

Work Area	What needs to happen	Lead	Date	Update
Hosc : Action Plan: Fast Track Continuing Care in Hampshire				
1. The PCT working with Adult Services, rolls out the Basingstoke Pilot across Hampshire, taking account the good practice identified in Southampton and Portsmouth. This should be taken forward as soon as possible and the time table for implementation shared with HOSC in January	1. Strategic meetings to be arranged for the SW and Winchester 2. Operational meetings to be arranged for SW, Winchester, Frimley and Bournemouth. 3. Options for implementation to be developed and agreed 4. Protocols to be agreed	Diane Wilson Sarah Elliott	April 2012	Complete Strategic meeting with the SE and SW Operational meeting and "pilot" has been implemented in the SE. Southampton and Winchester have also began the initial process with a view to implementation
2. The HOSC is advised of the timeframe for conducting and completing the independent review. The Report should be shared with HOSC with a supporting action plan	The Joint Independent review has commenced and will be completed December The action plan will be shared with the HOSC		January 2012	Complete Action plan to be shared with HOSC for the January 2012 meeting
3. With immediate effect, in the event of a dispute, the support recommended by the responsible clinician is put in place. If the PCT is unable to respond to this request, as a minimum, there is a rigorous audit of the triage system in place. This should be shared with clinicians, Trusts and	Actioned by PCT with immediate effect		November 2011	Complete

HOSC. Individual clinicians will also be advised in written or electronic format of the reasons why any request for fast track is declined				
4. Referrals are routinely audited and feedback regularly provided to Trusts and clinicians about the appropriateness of the use of the fast track tool	1. Develop mechanism to provide formal feedback to providers including clinicians. 2. Commence feedback process to clinicians		December 2011- January 2012	Complete
5. Arrangements are put in hand to ensure referrals from the community and other services are dealt with appropriately	1. Revisit the Basingstoke pilot 2. Roll out across Hampshire	Sarah Elliott/ Diane Wilson	Commencing in December 2011 – aim to complete by 1.4.12	Complete and on-going please see action no 1
6. Joint training arrangements are put in place to ensure that all care providers are aware of the purpose and application of the fast track tool	1. Develop a Joint Training Programme with Adult Services 2. Agree training events across Hampshire which are aimed at clinicians who are applying the fast track criteria. The priority audience are acute hospitals in the first instance	Diane Wilson	Commencing in January 2012 Training dates and format for training will be agreed in February 2012	Complete Content of Joint training agreed, arrangements for the training which will commence on 8 th June have been agreed. There will be 3 training sessions a month in 2012 and one a month there after

<p>7. Joint operational protocols are in place to support the delivery of the fast track policy, and all existing NHS Hampshire operational policies on Continuing Healthcare are updated to reflect these protocols</p>	<p>1. Agree fast track Protocols for each area of Hampshire 2. Update CHC Operational Policy</p>	<p>Paul Turner</p>	<p>February 2012 March 2012</p>	<p>Complete Please see point 1 Operational policy jointly redrafted and agreed. Presented to joint strategic group 15 May 2012</p>
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Independent Review - Fast Track process and Checklists in Hampshire, Action Plan				
<p>Fast Track Process 8. The PCT no longer requires the level of evidence and scrutiny that has been previously asked to accompany the checklists</p>	<p>1. Accept appropriate completed applications from “Appropriate Clinicians” view on the fast track forms – with immediate affect 2. The duty team to provide “help desk” function to fast track applicants 3. Consider communications to the team/ other clinicians 4. Re visit Joint Training opportunities with Adult Services 5. Roll out EOL Joint pilot across Hampshire 6. Protocols to be agreed</p>		<p>Dec 2011</p>	<p>Complete Complete Complete see point 6 Complete See point 1 Complete Included in the Operational policy</p>
<p>Checklists 9. The PCT no longer requires the level of evidence and scrutiny that has been previously asked to accompany the checklists</p>	<p>1. PCT to accept checklists with clear link to source evidence or actual evidence 2. Re visit Joint training opportunities with Adult Services</p>			<p>Complete See point 6</p>

10. Communications and Joint working	<p>1. Facilitated discussion with Adult Services CHC team, needing to understand each others position</p> <p>2. Consider the broader opportunities for working together with HCC</p> <p>3. Communication plan, which considers what the key messages are for the wide stake holders. Website to be updated</p> <p>4. Review level of involvement of families in MDT recommendation process</p>	Sarah Elliott/ Diane Wilson/ Paul Turner/ Adult service colleagues	To set up meetings after January 2012	<p>Complete and ongoing</p> <p>Joint written communications issued by Sarah Elliott NHSH and Gill Duncan HCC</p> <p>Joint operational group established to take forward</p> <p>Being discussed at the op meeting</p> <p>Complete</p>
CHC Operational Work plan - developing the hub				
11. Website update	<p>1. Operational policy to be updated</p> <p>2. Internal protocols to be discussed, developed and agreed with adult services colleagues agreed</p> <p>3. Glossary of terms</p>	Paul Turner Diane Wilson/ Paul Turner Paul Turner/Elaine Williams	30.1.12 30.1.12 30.10.11	<p>Complete</p> <p>Complete</p> <p>Drafted, to be discussed with independent reviewer , some included in reviewed operational policy</p>
12. Templates for letters	1. File with all templates available to include; Holding decision letters Decision letters Review letter Complaints	Paul turner/ Elaine Williams	15.11.11	<p>Complete</p> <p>Draft template when a complaint is identified completed + updated</p>

13. Filing Cabinets	<ul style="list-style-type: none"> 1. All patient files to be in locked cabinets/ rooms 2. Paper files to be put in A-Z format 3. Archiving to be completed 4. Electronic files to be put in A-Z format 	Amanda Patton	1.12.11	<p>Complete</p> <p>Complete</p> <p>Complete</p>
14. Post	<ul style="list-style-type: none"> 1. System for the receipt and distribution of mail to be agreed 2. System for response and follow up 	Amanda Patton	1.12.11	Complete
15. Complaints/ FOI	<ul style="list-style-type: none"> 1. Process for Data base to be kept up to date 2. All to be aware of process 3. Training for staff on process and letter writing 4. Complaints database contents discussed + drafted and implemented 	<p>Elaine Williams with Jackie Perkins see point below</p> <p>Paul Turner/Elaine Williams /Bridget Colbran</p>	<p>1.12.11</p> <p>13.10.11</p>	<p>Complete</p> <p>Complete</p>
16. Computers	<ul style="list-style-type: none"> 1. Access for all – to intranet and shared drives 2. Purchase PC's and lap tops 	<p>Amanda Patton</p> <p>Amanda</p>	<p>16.12.11</p> <p>30.10.11</p>	<p>Complete – service wide single shared drive in place.</p> <p>Complete – access to</p>

	3. All PC's to be registered	Patton Jackie Perkins	30.10.11	intranet.
	4. Staff trained as required	Amanda Patton	30.12.11	Some outstanding queries re pcs/laptops. Training scheduled.
17. Documentation	1. Flowcharts for the public to include how to challenge info	Diane Wilson/ Paul Turner	30.10.11	Complete
18. Telephones	1. Adequate phones available for all	Jackie Perkins	30.10.11	Complete
	2. Extension numbers known by all		30.10.11	
19. Training	1. Admin staff - Managing difficult telephone calls	Elaine Williams	12.9.11	Complete
	2. Other staff – complaints awareness	Elaine Williams TBA when staff appointed under new structure, including admin staff	1.12.11 1.12.11 25 Nov + 2 Dec	Complete
	3. Review clinical and managerial supervision	Michelle Ennis	30.1.12	Complete
	4. Conflict resolution	Sarah Elliott		Complete Staff attended sessions, which have provided greater awareness and

				confidence in conflict resolution
20. Communications	1. Developing a plan to improve reputation and communication	Sarah Elliott/ Comms (engaging with comms team)	5.10.11	Meeting held and way forward agreed , comms plan being developed Complete
	2. Discuss with HR zero tolerance policy	Sarah Elliott/ Diane Wilson		Complete Meeting held, to follow up on policy and on actions arising from the meeting. HR leading on the revision of the policy in 2012
	3. Investigate strategies for managing conflict in the work place to include telephone messages/ letters	Paul Turner	30.1.12	Comms developing response
21. Recruitment	1. Appoint to nurse assessor vacancies – to follow up with HR	Sarah Elliott (follow up with HR)	30.10.11	Completed and in post recruitment to vacancies to nurse assessors and admin. Completed and in post
	2. Appoint to admin vacancies	Paul Turner (recruitment process)		
22. Capacity Mapping	1. Review processes/ practices – revisit the LEAN work	Amanda Patton	30.12.11	To take place after April 2012 Complete
23. Roles and responsibilities	1. Reviewing work loads and skill mix in light of the review of process	Paul turner/ Amanda Patton	1.12.11	Complete Communications to include named people for each of

				the acutes, hospices and CCG's
24. Appeals and Retro work	<p>1. Implement a project to manage 25 retro cases by Jan 2012</p> <p>2. Additional nurse assessors and admin to reduce current appeals and manage future</p>	Paul Turner/ Michele Ennis	1.1.12	Completed recruited to vacancies to nurse assessors
25. Task and finish group – this group was set up following the Winterbourne	1. Collate all agreed information from the group which includes framework for quality visits to providers	Jaki Metcalfe/ Chrissie Dawson	1.2.12	Ongoing
26 Contracts	1. All queries to be resolved	Paul Turner and Amanda Patton	30.11.12	Complete
27: General Office Clearance to create more space	1. Redundant equipment e.g printers, filing cabinets etc removed	Amanda Patton	30.11.12	Complete