

MINUTE EXTRACT

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

27 JUNE 2018

9 CONTINUING HEALTHCARE SCRUTINY REVIEW

Councillors Moira McLaughlin and Wendy Clements introduced the report and recommendations of the Continuing Healthcare (CHC) Review Task and Finish Group. The scrutiny review had sought to understand, assess and give consideration to the CHC framework and how it was applied locally, the Task and Finish Group being established to, among other things, evaluate the impact of CHC on clients and their families, focussing on both the process and the funding outcomes.

In making their presentation, the Councillors thanked former Councillor Alan Brighthouse who had contributed much to the work of the Committee and who had chaired the Task and Finish Group; Karen Prior, Wirral Healthwatch, a member of the Group who could not be in attendance at the meeting; and to Alan Veitch, former Scrutiny Officer who had supported the Group.

CHC and NHS Funded Nursing Care (FNC) referred to services funded by the NHS due to an individual's health related needs. Under CHC, the NHS funds 100% of care and healthcare outside hospital. Under FNC, the NHS pays for the nursing element of care, but accommodation costs are met wholly or in part by the service user and / or the local authority. During 2017, members became aware that Wirral was reported to be third lowest of 32 regional Clinical Commissioning Groups (CCGs) for numbers of people eligible for CHC funding while the Borough, compared to the national average, had a significantly higher number of joint funded care packages. Anecdotal concerns had also been raised in relation to the service user experience of the CHC process and the time taken to receive a decision.

The review had not looked at the national guidelines which determine eligibility for CHC, but had examined the application of those guidelines on Wirral. It had become apparent that decisions about eligibility were difficult to make at times, highlighting the importance of training and improved communication channels between the professionals involved. The pressure to control both the cost of providing CHC and its administration was acknowledged, but regardless of such pressures, there was a clear need to ensure that all changes were adequately scrutinised both before and after implementation.

The report of the Review Task and Finish Group contained the methodology and considerations given during the review leading to the following seven recommendations -

“Recommendation 1 – Consistency of application of the CHC framework by training

Members recognise that Wirral Clinical Commissioning Group (CCG) is not responsible for the staff training of other organisations. However, the CCG and all

relevant health partners are requested to collaborate to ensure that all applicable staff receive the appropriate CHC training, where possible through joint sessions. This will enable frontline staff to pass on correct information to patients and families while operating with confidence to apply both the national CHC framework and local procedures. This should ensure that there is more consistency in the application of the framework.

Recommendation 2 – Communication

Wirral Clinical Commissioning Group is requested to consider options to improve communication processes between themselves and partner organisations involved in the local delivery of the CHC framework (such as, Wirral Borough Council, Wirral Community Trust, Wirral University Teaching Hospital and GPs). Similarly, it is suggested that communication processes with potential applicants for CHC funding be reviewed and strengthened.

Recommendation 3 – Dynamic Purchasing System (DPS)

Members note with concern that the introduction of the Dynamic Purchasing System (DPS) has resulted in some reduction of choice for clients while not realising the anticipated level of savings. As a result, Wirral CCG is requested to demonstrate to the Adult Care and Health Overview & Scrutiny Committee that continued use of DPS is providing value for money, is improving the efficiency of staff in identifying appropriate placements and is leading to an improved service for clients, particularly those requiring end of life care.

Recommendation 4 – End of life care

Wirral Clinical Commissioning Group is requested to ensure that those clients requesting CHC funding at end of life receive a service which is both compassionate and speedy. The allocation of placements to care homes who have successfully received the 'Six Steps to Success End of Life Training Programme' would be beneficial.

Recommendation 5 – Learning Disabilities

Wirral Clinical Commissioning Group is requested to review the allocation of resources within the CHC team towards supporting those clients with learning disabilities through the CHC application process, ensuring the same access as people with physical needs.

Recommendation 6 – All-age Disabilities: Transition of young people

As the delivery of the All-age Disability Strategy develops, members of the Adult Care and Health Overview & Scrutiny Committee are requested to consider the addition of a future review to their work programme, namely, to explore the experience of young people moving into adulthood.

Recommendation 7 – Cost of administration

The current cost of administering the Wirral CHC Service at £1m is a significant proportion of the overall cost of Wirral's CHC budget. Wirral Clinical Commissioning Group is requested to consider whether any options are available to ensure that the administration of the CHC process can be achieved as cost effectively as possible".

Sue Wells, Chair of the Wirral CCG, thanked the Task and Finish Group for their report and recommendations, and sought agreement to take the report before the CCG Policy and Performance Committee with a view to developing an action plan to take to the Joint Strategic Commissioning Board and the respective parent bodies.

The Director for Health and Care advised that a key change impacting on this area was the pooling of Council and CCG resources for disabled children in transition and adults with learning disabilities. The approach was intended to prevent people getting caught in the system and that future considerations should be around eligibility, rather than cost. For older people's services, these would remain in the current form; that is, funded by the CCG rather than through the pooled fund.

RESOLVED: - That

- (1) the report be noted and the findings and recommendations of the Continuing Healthcare Review Task and Finish Group be endorsed;**
- (2) the indication of the Clinical Commissioning Group as to the development of an action plan arising from the findings of the Task and Finish Group be welcomed;**
- (3) the members of the Continuing Healthcare Review Task and Finish Group be thanked for their work;**
- (4) the report and recommendations of the Continuing Healthcare Review Task and Finish Group be forwarded to the Cabinet for their consideration.**