**Notes of** **NHS Continuing Healthcare South West/Wessex**

**Joint Network Meeting**

**NHS England, South West House, Blackbrook Park Avenue, Taunton, TA2 2PX**

**Friday 18 May 2018**

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| **In attendance:**  Wendy Gray, NHS England (WG), Sally-Anne Parry, NHS England (SAP), Venessa Harris, NHS England (VH), Sally Matravers, NHS England (SM), Ruth Hall, NHS England (RH), Blair Percival, Wiltshire County Council (BP), Jonathan Williams, Dorset County Council (JW), Paul Wilkins, Cornwall County Council (PW), Mick Byrne, Cornwall County Council (MB), Marjorie Kandini, Swindon Borough Council (MK), Kenny Braidwood, South Gloucestershire Council (KB), Katy Collins, Kernow CCG (KC), Barbara Rawlings, Kernow CCG (BR),Paul Rennie, Dorset CCG (PR), Jane Stroud, BaNES CCG (JS), Sarah Jeeves, BaNES CCG (SJ), Christine , Middleton, North Somerset Community partnership (CM), Phoebe Sherry-Watt, Somerset CCG (PSW), Sue Tapley, Torbay and South Devon NHS Foundation Trust (ST), Jo Kapp, Bristol CCG (JK),Helen Bidmead, NEW Devon CCG (HB), Clara Biu, Bristol Community Health (CB), Gillian Mills, NEW Devon CCG (GM), Alison Peters, South Devon and Torbay CCG (AP) |
| **Apologies:**  Costin Matei, NHS England (CM), Jenny Nethercott, NHS England (JN), Nigel Roderick, NHS England (NR), Paul Gavin, NHS England (PG), Kate Smith, Hampshire County Council (KS), Margaret Cox, Portsmouth City Council (MC, Jane Leigh, Wilshire County Council (JL), Tim Branson, Bournemouth Borough Council (TB), Mike Cooke, Southampton City CCG (MC), Julie Burch, NEW Devon CCG (JB), Jacqui Connelly, Swindon CCG (JC), James Dunne, Wiltshire CCG (JD), Renata Jerome, Bristol Community Health (RJ), Donna Witchard, Bristol Community Health (DW), Debbie Sanders, Gloucestershire CCG (DS) |
| **Notes from Meeting 27 October 2017 presented by Wendy Gray (WG)**  WG opened the meeting and welcomed Liane Jennings, NHS England (South) - Regional Better Care Manager and Independent Care Sector Lead who joined the meeting to present on the integration programme.  Minutes of the Joint Network Meeting on 27 October 2017 and of the Action Log: the action notes were agreed by those present as an accurate reflection of the meeting.  Review of Action log: with the exception of Action 2 and 3 all remaining actions were closed.  Action 2 – the review of the training sessions regarding file preparation has been postponed until after the refreshed framework has been launched. Action 3 - Information sharing - WG to seek advice from the central CHC team on issues of sharing 3rd party information in response to CCGs needing more reassurance from Information Commissioning Officers |
| **National and Regional Update**  WG extended thanks and appreciation in recognition of the commitment by CCGs/LAs to achieving the best practice standard for location of assessment – nationally the position at Q4 was 14% (standard is 15%) and to the support of colleagues in the south west south and north DCO teams. Focus is on the key lines of enquiry in 2018/19 going forward, and breaches to 28 day standard.  In 2018/19 there will be continued assurance focus on timeliness of assessment and the existing Quality Premiums of location of assessment, 28 day standard and the number of incomplete referrals exceeding 28 days by 12 to 26 weeks.  There will also be a new focus on Fair and Consistent Assessment as an assurance priority for 2018/19 with monitoring from Q1.  This will look at eligibility rates per 50K population and standard assessment conversion rate.  To support these new priorities the central data team are building on the previous work commissioned by Deloittes refining the cluster tool methodology and method for identifying outliers.  Further work is currently being explored centrally to review the utility of the Continuing Healthcare Assurance tool – there will be 3 new areas:   * Enablers (CCG leadership) * Assessment * Commissioning   E-learning tool  Further work is taking place to update the e-learning modules in light of the revised National Framework.  To register for the e-Lfh modules: Staff with an nhs.net address are able to register automatically for the e-learning.  Please follow the links below to register and access the tool <https://portal.e-lfh.org.uk/Register>  Local authority staff can access the website link at <http://nhscontinuinghealthcare.e-lfh.org.uk/>  ; to register is <http://nhscontinuinghealthcare.e-lfh.org.uk/register/> If your local authority is not shown on the Workplace drop down list, scroll to the bottom of the list and select “Other”.  Regional Revised National Framework Roadshows  The revised National Framework will take effect from 1st October subject to Parliamentary approval. Roadshows are being delivered by central colleagues from NHS England, DHSC, ADASS and CHC SIP across NHS England four regions. NHS England South will be using an online event booking tool to manage delegate registration for the three roadshows taking place during June. Invitations have been sent out across the CHC leads and local authority network – delegates will be able to self-book dates and venues.  **Action 1:** VH to circulate Roadshow booking link early week beginning 21st May.  Revised CHC National Framework – SAP highlighted the following points:   * additional advice for staff on screening – when checklist is needed and not needed * clarity on the purpose of 3 and 12 month reviews to review appropriateness of care packages rather than reassess eligibility * new principles for CCGs regarding the local resolution process * clarity on the roles of CCGs and LAs * reordering of the Domains that includes a focus first on the individuals’ health before focusing on behaviour.   Training opportunities  Recent ‘train the trainer’ CHC workshops have been delivered by Jane Reynolds targeted at CCGs with a view to building capability within local systems. Feedback from AP was positive. The expectation is that individuals who have attended the training will commit to deliver of 2 or 3 training sessions per year for staff working in across the health and care system. It would be useful to understand how CCGs ae planning to roll out the CHC training. PSW noted that Somerset is planning ahead. Local authority feedback on the training has been very constructive. In Dorset PR reported that a joint training group has been established to cascade training.  **Action 2: VH to review attendance at Train the Trainer workshops to identify gaps in representation across the system and to report back at next meeting on how these local systems can be supported with local training.**  Refresh of the CHC opportunities cluster modelling tool  The central data team at NHS England are refreshing the previous CCG cluster tool developed by Deloittes and the data published in March. This refresh will include data on eligibility to be available in Q1.  JK commented on the CHC SIP work looking at the initial care pathway – this includes greater clarity on the process for when to Checklist. Feedback on this work will be presented at the CHC SIP event on 30th May in Reading which will also include a focus on workforce. The tools being developed by CHC Sip collaborative community should be available in July.  **Action 3: WG to forward CHC SIP Development Day invite to delegates.**  CHC SIP  Feedback from the network attending the SIP WebExs – the information and chat room discussion is felt to be of greater relevance than the material being presented as it is invaluable for extra added information. Group would value write up of the chat room conversation.  **Action 4: WG to feed back to SIP regarding value of chat room outputs.**  Would be even more useful if there were more notification of proposed WebEx schedule. Next WebEx scheduled for [23rd May 9.30 – 10.30am](https://nhsiq.webex.com/nhsiq/k2/j.php?MTID=t2dee15e0857459978812fd58966b0e4f) .  **Action 5: JK to take lead for obtaining timetable of SIP WebEx’s**.  **Action 6: CCG CHC leads to check with their LA colleagues that they are on SIP distribution list.**  **Action 7**: Next dates for SIP WebEx to be circulated by VH early next week.  Regional Update on Independent Reviews  SAP provided the regional highlights. South Gloucestershire local authority noted they are experiencing difficulty in fulfilling commitment to participate as a panel member whilst recognizing the invaluable knowledge to be gained as IR panel member.  NHS England is currently reviewing gaps in CCG and LA representatives nominated for independent panel work.  Consideration - in 2017/18 87 cases were taken through Independent Review via the Consideration process.  ***NB*** Cases for Consideration are those where the individual falls well outside the eligibility criteria or where the case is very clearly not appropriate for the IRP to consider.  Cancellation of IRPs - 9 IRPs were canceled in 2017/18. BR queried some legal representatives who do not turn up to CCG local resolution, and family understand this. SAP clarified that if we see a representative has not engaged with CCG we can write to them to advise that the case is not ready for IRP and local processes need to be completed first.  AP asserted that there are some difficulties in panels these include CCGs giving views on why decisions are made, vociferous families and representative/advocates can be intimidating. SAP to feed back to the Chairs about this. WG reiterated that the role of the NHS England facilitators is to provide support to the Panel as well as capturing notes from the meeting.  CHAT tool  Recent review of CHAT has illustrated that there has been no activity in the past year. Quiq Solutions developing version three of the tool working with CHC SIP/NHS England.  Data on IRP activity 2017/18 presented.  Anticipated trajectories for delivery against best practice standards for 28 days and breaches for many CCGs likely to be end Q2 with some stretching into Q3/4.  South West Region - North update brief overview delivered by WG.  South West South CHC Assurance Activity – RH presented an overview of the current position.  **DST** standard came in well under target of 15%; North Somerset showed a big downward trajectory.  **28 days** standard all CCGs showed an upward trajectory with some CCGs slower than others. Some of the issues are known, but still monitoring target of 80% as reporting upwards in terms of patient care. SM reiterated that some Trusts are having hard reset days with an in depth push on discharging patients so there is a real hike in CHC and FastTrack referrals.  **Breaches** data is not clear, and need to move graph to numbers and percentages to make more meaningful.  **Eligibility** data graph not meaningful enough and will look at how that changes this year with work on eligibility.  **FastTrack** national standard is 96% and South region sits at 94%. Bristol is impacted by Acute Trust going into escalation frequently. WG queried whether there is a training requirement.  **Assessment to conversion** rate is below 30%. JK says big inefficiency in assessing people who aren’t going to progress through pathway. Further discussions with SM to be held.  SM and RH are supporting CCGs in the following ways:   * Individual NHSE visits/conversations with CCG * Regular monthly calls * Boundary changes – losing BNSSG and gaining Dorset * Emphasis on desire of improvement plans for Quality Premiums * QuIPP savings using Deloittes * What support can NHSE offer CCGs?   CCGs doing lots of work and finding new ways of working that will take time to show impact, and all CCGs need to get to bottom of what issues and solutions are. |
| **Better Care Fund and Hospital to Home - Overview and Opportunity delivered by Liane Jennings, NHS England (South) - Regional Better Care Manager and Independent Care Sector Lead**  Better care fund is £7.8 billion nationally. Hospital to home programme has 3 overarching objectives:   * Promote health and well-being & prevent avoidable hospital admission * Ensuring safe and timely transfers of care * Creating cross-sector solutions   There are 4 BCMs in regions in NHS England with network of members. LJ highlighted the BCM objectives:   * Planning and Assurance * High Impact Change Model * Integration and BCF Plans * Care Homes * Enhanced health in Care Homes * Community Services * Engagement * Support   LJ keen to explore with the group how do we make sure what we do is sustainable as opposed to the continual moving money around as a quick fix, we need to find ways to use integrated pot of money to make healthcare scheme more sustainable.  **Action 8**: LJ to circulate updated Better Care Fund leads contacts details.  LJ reported that there are opportunities for the CHC community to work together with the integration programme and referred to the 4 events that will be taking place across South that will focus on implementation of the trusted assessor model.  JK highlighted the Discharge to Assess model interest – how fits with revised framework and how we work collaboratively to utilize correctly across the board.  MB highlighted that people end up in the wrong place stuck in the system, and has experience where care plans from hospital was personal data only. JK reiterates sometimes people move through different pathways in unsuitable environments. Is the system too prescriptive? Consultants placing people in wrong care without needing any further processes. In Torbay, there are increases in demands for interim funding, but people are appropriately placed, with low conversion to CHC, some beds purchased within care homes to use for finite period of time. Community nursing team piloting paramedic as part of that team, and what that can do for a person in their own home rather than a care home.  Web platform for good practice and shared learning – the Better Care Exchange has huge amount of information including case studies  **Action 9**: **LJ to circulate link to Better Care Exchange and weekly bulletin to subscribe to. LJ will invite attendees from network meeting to workshops separate to this meeting**.  To request access to the bulletin please email: bettercaresupport (NHS ENGLAND) [ENGLAND.bettercaresupport@nhs.net](mailto:ENGLAND.bettercaresupport@nhs.net)  Trusted Assessor  MB emphasized that each care home assessor is assessing dynamics of client fitting into their care home environment, but it should be about asking questions relevant to what you need to know. JK has been trying to work up the model in Bristol for some time, but historical learning of care homes is vague. Trusted Assessor needs to have onward responsibility for next few days at least, and if found to be wrong, be confident to rectify. It is paramount to build trust with accepting placement so that client is not disconnected from process.  BCMs are considering 4 workshops potentially in October to bring SW and SE together to swop case studies and ideas, including presenters to talk about success cases etc. WG has concerns about middle of winter workshops as other priorities in that area e.g. DtA (JK) to be done in June. LJ will liaise with SM and RH about this.  By end of March 2019 everybody meant to have implemented Trusted Assessor model.  LJ will be sharing more information, and questions via WG. |
| **AOB:**  Barbara Rawlings, Kernow CCG presented issues on FastTrack:  Cornwall Fast track pilot – this work is illustrating the appropriateness of FastTrack applications and hospitals using the Fast track tool as a default for discharging patients. The challenge for CHC staff where the applicant has not been visited by the palliative care team, or where there is no awareness of prognosis by the applicant. Recommendation is that care plans need to be reviewed earlier rather than the eligibility decision, need to have supportive community nurses.  .  Discussion around consent for client who has died after application made but assessment not completed. PSW highlighted it is good practice to refer back to representative because of data management.  Future of the network meetings  WG opened discussion and invited feedback with regards to the future of the network meetings and whether in their current form they are meeting the needs of the group and if not then what needs to done differently. There have been challenges in developing an agenda shaped by the network and NHS England is keen that the agenda is developed jointly. The network meetings were previously led by CCGs.  Discussion included: being braver about agenda items and recognising the areas that CCGs and LAs are not agreeing on so as to look at this together; having a safe space to work through issues like joint funding MD assessments, 28 days; opportunity to work with local authority; at times the network meetings can feel very health focused with wide use of acronyms that can be confusing/misleading.  Suggestions for moving forward included: CCG and LA rotational Chair – this could include co-chairing network meetings; representative from regional ADASS to attend meetings.  WG requested the group reflect and email if interested in the role of co-chair for the network meetings working with the support of NHS England and the DCO assurance leads.  .  PSW – noted positive feedback from all present on value of meetings, and the benefits of networking face to face.  Post meeting note: PSW and JK have expressed interest in the role of joint Chair for the south west network meetings |
| **Dates for next meetings:** Next South West Joint meeting 16 November 2018. |

**Action Log:**

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| **Action** | **Item** | **Owner** |
| Action 1 | **National Framework Roadshow** | VH to circulate Roadshow booking link early week beginning 21st May |
| Action 2 | **Train the Trainer** | VH to look at attendance for Train the Trainer and identify gaps in attendance and come back to joint community on how we might support that |
| Action 3 | **SIP Development Day** | WG to forward invite to delegates |
| Action 4 | **SIP WebEx issues** | WG to feed back to SIP around disconnect around what happens next |
| Action 5 | **SIP Communications** | WG to look into channels of SIP communication |
| Action 6 | **SIP Communications** | CCG CHC leads to check with their LA colleagues that they are on SIP distribution list |
| Action 7 | **SIP WebEx dates** | Next dates of SIP WebEx to be circulated by Venessa early next week |
| Action 8 | **Better Care Management programme** | LJ to circulate Better Care Fund leads updated contacts details |
| Action 9 | **Better Care Exchange** | LJ to circulate BCM Exchange link and weekly bulletin to subscribe to |
| Action 10 | **Value of network meetings feedback** | WG to follow up on how network meetings are Chaired in the future |