

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 24 October 2019

Date	Title	Action proposed	Action Taken	Progress Status
29/08/19	Continuing Healthcare	<p>1) That NHS Southampton City CCG undertake analysis for the Panel of the variation between the number of Continuing Healthcare assessments and those determined to be eligible for Continuing Healthcare from Quarter 3 in 2017/18 to quarter 1 in 2018/19.</p>	<p>We have interrogated the archive data that we have for this period. This shows that the majority of referrals at this time were from the acute hospital trust. At this time there was a significant amount of staffing instability in the hospital discharge team due to sickness, staff turnover and vacancies which impacted on availability of staff with an understanding of CHC. This team submitted a large number of referrals during this time – hence the spike in referrals.</p> <p>The lack of experienced CHC staff in the hospital meant that positive checklists were completed for patients for whom there was not enough evidence that they were likely to meet the criteria for CHC. As a result of the positive checklists, the hospital staff had to go on to complete Decision Support Tools (DST) and Multidisciplinary Team Meetings for these individuals. Once this process was completed a considerable number of these patients were identified as not eligible for CHC funding, hence the discrepancy between the number of referrals and eligible patients.</p> <p>What have we done since this time to address this situation?</p> <ul style="list-style-type: none"> • There has been a re-focus of the CHC training programme run by the CCG CHC team to support colleagues in acute and community settings in understanding the CHC process and in particular use of the checklist and DST. 	Completed

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			<ul style="list-style-type: none"> • The CHC training moved from being provided on an ad-hoc basis (generally 2 sessions per year) to quarterly from March 2018 with training dates for the whole year planned and published, and the events well attended. • The Discharge to Assess (D2A) programme started in December 2017 and grew in momentum through Q4 of 2017/18 to be established as 'normal practice' from Q2 2018/19. The D2A programme enables patients to be discharged from the acute trust when they are medically stable into an interim placement. This allows for a more accurate view of the individual's long term needs in a community setting to be established which in turn ensures that appropriate checklists are completed. 	
		<p>2) That the Panel are provided with a suite of benchmarked performance metrics to enable the Panel to compare performance in Southampton, as it relates to Continuing Healthcare, with other areas of the country.</p>	<p>Information enclosed as Appendix 2:</p> <ol style="list-style-type: none"> 1. Number of people eligible in year per 50k population 2. Number of CHC eligible individuals in years 3. Number of clients referred, assessed and eligible for CHC Quarter 1 2019/20 4. CHC average conversion rate Q1 2017/18 to Q1 2019/20 - Referral to Eligible 5. Conversion rate - percentage of people referred who were eligible by standard CHC pathway and fast track pathway <p>Comparison data provided for Brighton and Hove, Canterbury & Coastal, Norwich, Portsmouth, Nottingham City and Hull.</p> <p>Note: Comparing numbers across comparator groups does not always show the clear picture. The CCG funds a range of packages, including CHC adult fully funded care, Adult Joint Funded Packages of care, CHC Adult fully funded personal</p>	Completed

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			<p>health budgets, Adult Joint Funded Personal Health Budgets, Funded Nursing Care, Section 117 - Learning Disabilities, Section 117 - Mental Health and Specialist Rehab / ECR.</p> <p>The enclosed information only provides data relating to CHC, as requested by the panel. This is one element of the £24m we will spend on these packages in 2019/20.</p>	
		<p>3) That NHS Southampton City CCG investigate the use of mobile conference facilities for care homes to enable health and care professionals to attend multi-disciplinary team assessments remotely.</p>	<p>The CCG has provided to all team members details about setting up teleconferencing for family meetings and Multi-Disciplinary Teams and this will be offered as a matter of course as part of normal business from 1 October 2019. Additionally IT resources to support this are being secured (smart mobile phones / iPad) to support facetime / skype type conferencing as needed.</p>	Completed
		<p>4) That the Panel re-consider the issue of Continuing Healthcare when the proposed Social Care Green paper is discussed by the HOSP.</p>	<p>We await the publication of a social care Green Paper.</p>	
		<p>5) Information on the use of the 'Trusted Assessor Model' for reviewing applications for Continuing Healthcare</p>	<p>The trusted assessor model is not currently used in Continuing Healthcare in Southampton. There are currently no plans to introduce this model in the foreseeable future. The use of Trusted Assessors is not common practice in Continuing Healthcare as it would potentially cause a conflict with the application of the national framework.</p>	Completed
29/08/19	Primary Care in Southampton	<p>1) That, in addition to patient list numbers and practice boundaries, the Panel are provided with the following information from NHS Southampton City CCG:</p> <p>a) The number of GPs, nurses and allied health professionals working within each registered GP practice in Southampton.</p>	<p>Patient list numbers were shared in the August report to HOSP. Practice boundaries can be found on this interactive map: https://drive.google.com/open?id=1umTDpXuj5RpSjNNK3DknhrpajQUaulwh&usp=sharing.</p> <p>Information answering 1 (a) and (b) is attached as Appendix 3. Please note no data is available for a ten year period.</p>	Completed

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		b) The ratio of GPs per 10,000 population in Southampton over a ten year period.		
		2) That, to improve access to GP appointments, consideration is given to encouraging GP <i>practices to provide advice on answerphone messages of the alternative options that are available to obtain an appointment with a GP in Southampton.</i>	We are discussing this with practices in its routine meetings with practice managers and we are analysing how each practice in the city promotes alternatives to its GP appointments. A publicity campaign for evening, weekend and bank holiday appointments will commence in mid-October 2019 and end in March 2020.	Completed
		3) The Panel agreed that at this stage the proposed Estates Review does not constitute a substantial variation or development and therefore does not require separate consultation with the Panel, however, the Panel did request that the review terms of reference were circulated to the HOSP.	This information will be shared once completed.	