Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

NHS

Cambridgeshire and Peterborough Clinical Commissioning Group
Cambridge and Peterborough NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Northwest Anglia Foundation Trust

# Continuing Healthcare (CHC) Pathway Re-design Workshop

**Pathway Proposal**

**Monday 17th July 2017**

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## Introduction

Health and social care partners across Cambridgeshire and Peterborough are currently working together to address CHC assessment related delays in the hospital discharge pathway. The primary recorded cause for delayed transfers of care (DTOCs) across all three acute systems are health related assessment delays. A priority need has been highlighted to address the CHC hospital pathway to support the Discharge to Assess model, improve patient experience and contribute to a reduction in unacceptable levels of DTOCs across the system.

In meeting this challenge, a system wide workshop was held on the 17th July 2017 with the aim of engaging all partners in the development of a more effective CHC pathway for hospital discharges.

The key objectives of the workshop were to:

- Agree the Terms of Reference for the work that needs to be undertaken (Appendix 1)
- Develop a proposal for the redesign of the CHC acute pathway
- Develop a set of clearly defined actions for implementation of the pathway

## Key Outcomes and Scope

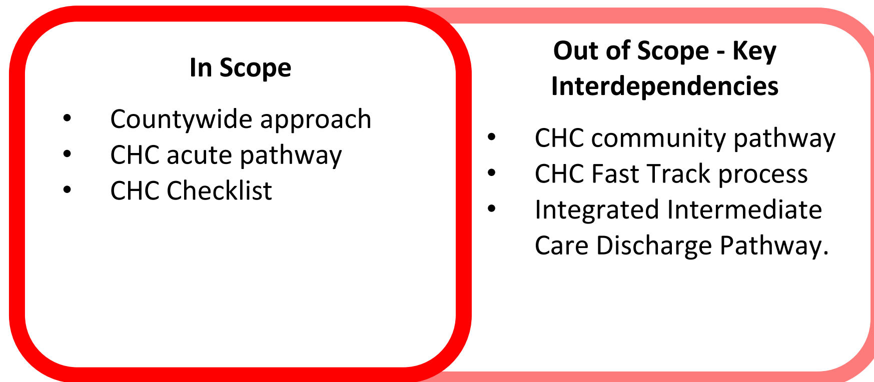
As part of this process, representatives attending the workshop were asked to come to a joint understanding of the key outcomes and also specify the scope for this area of development while acknowledging the key interdependencies with other service areas and initiatives.

The following key outcomes were jointly agreed:

- To review CHC patient flow and the impact on DTOCs
- Review and re-design the CHC acute pathway to support the discharge to assess model
- Explore and develop an alternative solution to CHC checklists in the acute
- Review resourcing and community capacity to support the new pathway

In delivering against the outcomes outlined above, the workshop scope was discussed. It is clear that there is currently a significant amount of work taking place across the system which aims to manage demand and the needs of individuals in a more joined up and coordinated way. Although all participants strongly agreed there was a need to identify and proactively manage key interdependencies between these initiatives, representatives equally recognised the importance of defining a clear scope in evidencing outcomes.

The following scope and key interdependencies were outlined:




## Current Pathways – Key Challenges Identified

To inform development of a future, more effective CHC acute pathway, representatives were asked to review existing pathways used across the three Cambridgeshire and Peterborough acute trusts. In identifying challenges associated with the use of current pathways, a number of key themes emerged:

- **There are currently different CHC assessment pathways across the three acute trusts, which results in a lack of consistency and coordination.**
- **There are extremely high rates of CHC Decision Support Tools (DST) assessments happening in hospital (circa. 90% of patients), impacting on capacity and patient flow.**
- **There are low rates of conversion from checklist to CHC eligibility (circa 25%):**
    - CHC checklists are being completed in hospital when the patient's health is not optimum.
    - Checklists are completed by different professionals in different systems. E.g. in Peterborough they are completed by the Social Worker, Addenbrookes by the ward nurses and in Hinchingbrook by the Discharge planning team.
- **There is a lack of a jointly agreed and documented dispute policy and process, which results in unnecessary delays:**
    - Dispute related delays currently happening at three potential points in the pathway – checklist, DST and CHC panel decision.
- **Staff training and knowledge varies across different organisations as there is a lack of joint up approach to training.**
- **There are delays due to a lack of sufficient resource in CCG brokerage to locate suitable placements.**
- **Inconsistent levels of CHC specialist nurse resource across the system to undertake DSTs, including differences in employing organisations, contract arrangements and flexibility.**

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- **Non-compliance with national framework timelines and a lack of locally agreed timeframes for each stage of the pathway.**
- **There is a lack of capacity in the community intermediate bed provision to support discharge to assess models.**
- **Delays in implementing the choice policy effectively, including misalignment of target timeframes across CHC and acute discharge pathways.**

### Development of a Future Integrated Discharge Pathway

The feedback outlined above was used by representatives to commence development of a future, more efficient CHC acute pathway. A number of decisions were made in relation to key elements of the pathway and these have been included within the table below:

| Key Area | Key Decisions |
|---|---|
| CHC Screening Tool | **1. Introduction of a Screening Tool**<br>It was unanimously agreed that development of a CHC pre-screening tool should be introduced within the acute.<br><br>The Screening Tool will comprise of the following four questions (see Appendix 2 for Decision Flowchart) and supporting guidance will be developed to sit alongside the tool:<br><br>1. *Can the patient's care needs be met within their existing care and support plan/package?*<br>2. *Is the care required over and above what the local authority can provide?*<br>3. *Is the patient considered to have significant physical health needs?*<br>4. *Is the patient considered to have significant psychological or emotional needs?*<br><br>**Key Functions of the Screening Tool**<br>• Apply more appropriate criteria for early screening for potential CHC eligibility, recognising that the Checklist threshold is currently very low.<br>• Support discharge to assess, by quickly identify the most appropriate pathway for discharge:<br>  ○ Where patients have the potential to improve they should be diverted into a reablement pathway.<br>  ○ Patients whose care needs can be met within their existing care package arrangements restart their package arrangements (e.g. care home placement or care at home). |

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<table>
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<ul><li>o Patients who have no potential to improve are discharged into intermediate bed based nursing care or appropriate care at home.</li></ul>
<ul>
<li>Support patients to be at their optimum health at the point of checklist, by delaying the checklist until no later than day 28 after discharge, improving the conversion rate of positive checklists to CHC eligibility.</li>
<li>Ensure consistency in the use of the screening tool:
<ul>
<li>Consistent screening pathway across all three acutes.</li>
<li>Screening tool to be completed by Discharge Planning Nurses.</li>
<li>Joint approach to cross-organisational training and- development of staff.</li>
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<tr><td>CHC Checklists</td><td>
2. CHC Checklist applied once the patient has had an opportunity to return to their optimum health<br>
It was agreed that CHC checklists need to happen in the community wherever possible, once the patient has had an opportunity to return to their optimum health.<br>
Key Functions of CHC Checklist
<ul>
<li>Identify the most appropriate patients for potential CHC eligibility by undertaking the CHC Checklist when the patient is at their optimum health; to improve the conversion rate of positive checklists to CHC eligibility:
<ul>
<li>90% of CHC Checklists to happen in the community.</li>
<li>CHC Checklist delayed until Day 28 after the Screening Tool has been undertaken.</li>
</ul></li>
<li>The date for the CHC Checklist should be booked at the point of hospital discharge.</li>
<li>There should be a review planned for day 14 to assess patient progress. If optimum health is reached earlier, then the checklist date can be moved forward to sooner than day 28.</li>
<li>CHC checklists should be undertaken by a centralised pool of CHC Specialist Nurses (to be hosted by the CCG) to enable consistency of practice and ensure resource can be flexed across the county dependent on demand need.</li>
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<tr><td>CHC Decision Support Tool and eligibility</td><td>
3. DSTs should happen immediately for patients who have had a positive checklist.<br>
It was agreed that DSTs for patients with positive checklists should be undertaken immediately.<br>
Key Functions of DST
<ul>
<li>To comply with national framework timelines and avoid further delay, DST assessments should be completed at the same appointment when a positive checklist has been completed.</li>
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| | |
|---|---|
| | • DSTs should be undertaken with representation from the social care worker and CHC Specialist Nurse.<br>• CCG brokerage resources need to be sufficient to ensure that appropriate placements are sourced within suitable timeframes. |
| **Other areas of consideration** | Further consideration needs to be given to the following:<br>• **Locally agree and embed appropriate timeframes for each stage of the CHC pathway:**<br>  ○ Ensure compliance with the National Framework.<br>  ○ Ensure consistency of target timelines across CHC pathway and wider discharge pathways.<br>• **Centrally hosted resource established:**<br>  ○ Review resource requirements to effectively address CHC demand, including CHC Specialist Nurses and CCG Brokerage capacity.<br>  ○ Review contract and staffing implications to move to a centralised pool of CHC Specialist Nurses to be hosted by the CCG and agree a phased approach to pooling resource.<br>• **Develop a jointly agreed CHC Dispute Policy and Process.**<br>• **Apply the Choice Policy consistently:**<br>  ○ Align target timeframes across CHC pathway and acute discharge pathway.<br>  ○ Enhance staff skills and confidence in applying the choice policy in practice.<br>• **Ensure alignment with the Integrated Intermediate Care Discharge Pathway implementation.**<br>• **Develop a standardised contact and triage tool for use across all acutes.** |

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**Proposed CHC Pathway**

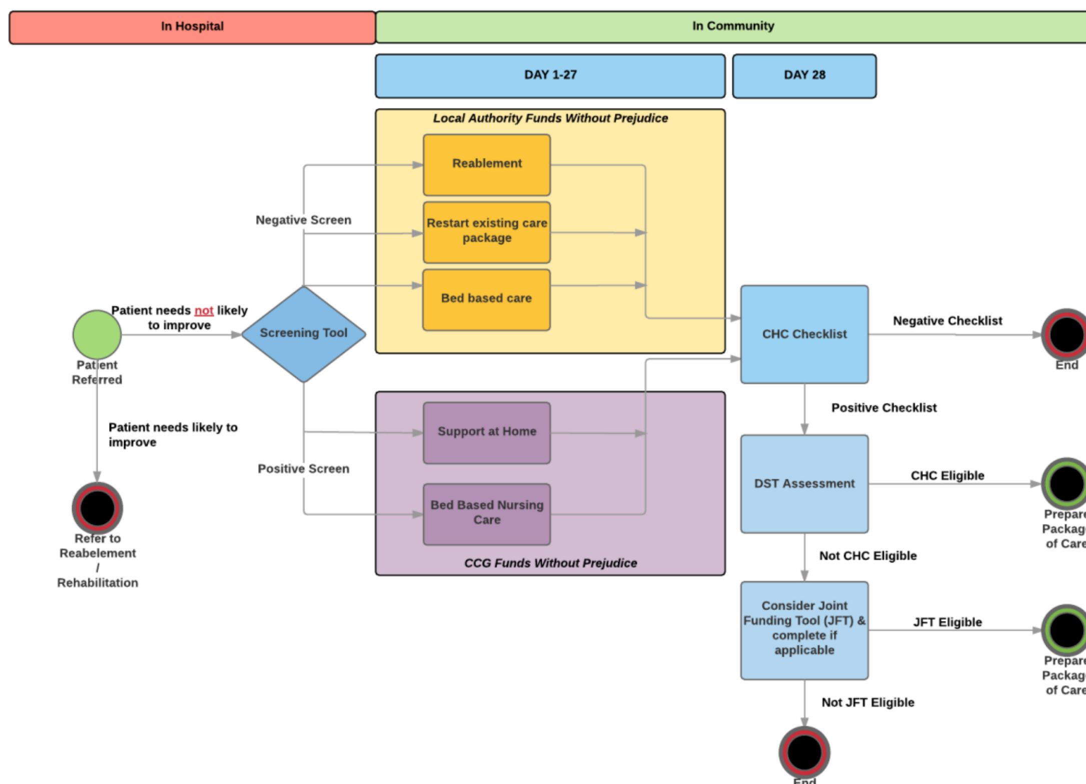
Recognising the importance of incorporating the above key elements, the below diagram outlines the proposed standardised Cambridgeshire and Peterborough acute pathway for CHC.

During discussion, the benefits and risks of various options and approaches were assessed including the utilisation of good practice examples in other localities (e.g. Norfolk, Essex, Basildon and Thurrock), financial risks for health and social care partners, the use of a consistent and flexible workforce.

Importantly, it was confirmed that although there was a close dependency to the Integrated Intermediate Care Discharge to Assess Pathway (led by the UEC Delivery Group) to ensure sufficient

community capacity, the implementation needed to progress in a phased way to ensure priority maximisation of benefits.

The below diagram outlines the proposed new CHC Pathway to be implemented.




It was unanimously agreed that the new pathway structure should be underpinned by a robust Memorandum of Understanding which empowers organisations to work effectively together, but also to ensure joint ownership of risk and ongoing performance against agreed Key Performance Indicators.

## Management of CHC Specialist Nurses

In developing the pathway, participants made a key decision that the local system would best maximise the use of resource through development of a central pool of CHC Specialist Nurses to support the consistent delivery of the CHC pathway. In assessing how this could be delivered in practice, the following option was considered at length:

- **The CCG centrally host all CHC Specialist Nurses:** Discussion indicated general agreement that the CCG would be well placed to host all CHC Specialist Nurses.
  - This would enable clarity over responsibility for completing assessments and ensure a consistent approach to delivery. Currently CHC Specialist Nurses are hosted by a range of organisations across Cambridgeshire and Peterborough:

| Acute Trust Area | Organisation who currently undertakes Acute based DST | Organisation who currently undertakes Community Based DST |
|---|---|---|
| **Peterborough** | CPFT | NWAFT |
| **Addenbrookes** | CUH | CUH |
| **Hinchingbrook** | CPFT | CPFT |

  - It would support the new CHC pathway design of shifting 90% of CHC assessments outside of the acute, as staff will need to shift to community delivery to support this model.
  - This would allow flexibility of resource deployment across Cambridgeshire and Peterborough based on demand and will offset current resourcing inconsistencies across the county.
  - It would maximise efficiencies and reduce duplication across the county.

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## Next Steps

A number of key actions were agreed:

| Action | Owner | Timeline |
|---|---|---|
| **Approvals** | | |
| Summarise CHC Pathway Proposal for comment and agreement | Debbie McQuade / Caroline Townsend | 21st July 2017 |
| Approvals for new pathway in place with CCG and Local Authorities | Debbie McQuade / Vicki Main / Jill Houghton | 31st July 2017 |
| **Documentation** | | |
| Develop and agree MOU | Debbie McQuade / Jill Houghton | 31st July 2017 |
| Develop Screening Tool Pro-Forma and associated Guidance | Debbie McQuade / Kimberley O'Leary | 31st July 2017 |
| Develop standardised contract and triage tool | Katie Wilson / Catherine Paterson | 31st August 2017 |
| Finalise and agree Dispute Policy | Kimberley O'Leary | 27th July 2017 |
| Review and finalise Choice Policy | Gill Bennett | 31st July 2017 |
| **Resources** | | |

| | | |
|---|---|---|
| Review staffing model | Simon Pitts / Debbie McQuade / Linda Chibuzor | 31st July 2017 |
| Review resourcing implications and develop CCG Business Case for additional resourcing | Simon Pitts | 15th August 2017 |
| **Training and Communications** | | |
| Develop staff training plan | Kimberley O'Leary / Elizabeth Pitt / Linda Chibuzor | 15th August 2017 |
| Develop patient letters to explain how CHC assessments work | Katie Wilson | 15th August 2017 |
| **Community CHC Pathway Development** | | |
| Review CHC Community Pathway, with a view to adopting the new pathway proposal | Debbie McQuade / Jill Houghton | After 3 months pilot in acute |

A follow on workshop is planned for the 3rd August, to review progress of actions and agree a detailed implementation plan for roll out of the new pathway.

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**Appendix 1:**

**Cambridgeshire and Peterborough**

**Continuing Healthcare (CHC) Pathway Review**

**Terms of Reference**

## Objectives

- Reduce CHC DTOCs and delays in hospital discharges for patients awaiting CHC assessments, supporting delivery of the 3.5% DTOC target
- Reduce CHC DTOC's and excess days in Community Health beds including rehabilitation and interim.
- Reduce backlog of CHC assessments
- Improve patient experience
- Understand the consequence of the current system processes and practice for people
- Faster processing of CHC cases
- Reducing duplication and effort across the system
- Relieve financial pressures as a result of delays in CHC assessments
- Compliance with National Framework recommended timelines
- Compliance with Care Act

## Deliverables

- Review CHC hospital discharge and community pathways to improve efficiency and effectiveness of process.
- Ensure CHC Fast Track process is effective and there if effective monitoring of process and early resolution of issues
- Ensure compliance with National Framework timelines, including completion of DST within 28 days.
- Improve conversion rate of positive checklists to confirmed CHC eligibility, by reducing unnecessary and inappropriate check listing, including exploring alternative options to checklists.
- Ensure a robust audit trail from start to finish of pathway.
- Review best practice models in other areas, e.g. Basildon & Thurrock, Norfolk and Essex, to incorporate best practice learning.
- Review funding without prejudice arrangements for 28 day period, to support discharge to assess models and early discharge.
- Integration and alignment with Discharge to Assess model.
- Address backlog of CHC assessments.

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- Address the issue of Joint Funding, where no eligibility for CHC
- Establishment of key success criteria including agreed timelines and key performance indicators e.g. % out of hospital, % within 28 days, % reduction of excess bed days, % verified within 24 hrs (10% sampling), % brokered within 48 hrs, %challenge/dispute etc.
- Review resource requirements to support effective CHC pathway implementation and ongoing delivery including commissioning and brokerage functions.
- Clarity on roles and responsibilities.
- Review of dispute process to ensure it is efficient and effective.
- Finalise and agree proposals for the revised CHC Pathway by 21st July 2017.

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**Appendix 2:**

**Cambridgeshire and Peterborough**

**Continuing Healthcare (CHC)**

**Screening Tool**