NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

CCG REPORT COVER SHEET

Meeting Title	Governing Body in Public				**Date:** 6 March 2018			
Report Title:	Complex Cases Team – Service Update				**Agenda Item:** 2.4			
Lead Director	Jan Thomas, Director of Strategic Commissioning							
Report Author	Sarah Learney- Head of Recovery and Sustainability							
Document status:	Final							
Report Summary	The Complex Case Team (CCT) has a number of quality and financial risks and operational issues that the CCG is addressing as a priority. This paper is to clarify the position on both statutory and organisational requirements and proposed next steps in resolution of the issues.							
Report Purpose	**For Information**		**For Approval**		**To Note**		**For Decision**	X
Recommendation	The Governing Body is asked to:- Note the NHSE requirement to close 928 CHC cases by end October 2018. Note the NHSE nationally mandated requirement to achieve at least 80% of eligibility decisions are made within 28 days from receipt of checklist. Note the NHSE nationally mandated requirement to achieve less than 15% of DSTs are completed in an acute setting (through locally agreed discharge to assess 4Q pathway). Note the requirement to establish and then resolve the S117 outstanding reviews and assessments. Approve the 60-day plan detailing immediate key priorities for the Complex Cases Team. Approve the piloting of a new organisational structure to transform the team.							
Link to Strategic Aims	**Strategic Aim 1 – Clinical Commissioning**							X
	Strategic Aim 2 – Patient Quality and Safety							X
	Strategic Aim 3 – Finance							X
	Strategic Aim 4 – Change Management and Transformation							X
	Strategic Aim 5 – Contracts Management and Performance							X
	Strategic Aim 6 – Organisational Development and Workforce							X
	Strategic Aim 7 – Governance							X
CCG Assurance Framework & Risk Register (CAF) References	QOP5 – Failure to meet National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care compliance. QOP 11 – Financial Risk to complete Care Budgets due the there being a backlog of s117 disputes with the Local Authorities and no agreed joint funding tool in place. F1 – Failure to achieve financial control total agreed with NHS England F2 – Failure to provide accurate data on activity and finance for complex cases F4 – Failure to achieve financial balance for 2017/18 for Complex Cases Team – specific risk relating to overspend resulting from Stroke Patients placed in Specialist Rehabilitation Units.							
NHSE CCG IAF Links	**IAF 1 Domain 1 - Better Health**				x			
	IAF 2 Domain 2 - Better Care				x			
	IAF 3 Domain 3 - Sustainability				x			
	IAF 4 Domain 4 - Leadership				x			

Resource implications	
Legal implications including equality and diversity assessment	NHSE NHS Continuing Healthcare Framework
Conflicts of Interest	
Report history	Developed by Head of Recovery and Sustainability. Approved by Director of Strategic Commissioning
Next steps	Rapid transformation of the Complex Cases Team and CHC service delivery through implementation of 60-day plan and workbook

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MEETING: **CCG GOVERNING BODY IN PUBLIC**

AGENDA ITEM: **2.4** **SECTION:** **PERFORMANCE AND OPERATIONS**

DATE: **6 MARCH 2018**

TITLE: **COMPLEX CASES TEAM – SERVICE UPDATE**

FROM: **JAN THOMAS,**
INTERIM DIRECTOR OF STRATEGIC COMMISSIONING

1. PURPOSE

1.1 The Complex Case Team (CCT) has a number of quality and financial risks and operational issues that the CCG is addressing as a priority. This paper is to clarify the position on both statutory and organisational requirements and proposed next steps in resolution of the issues.

2. ISSUES

2.1 There have been a range of issues in the CCT that can be summarised into four main areas of unsatisfactory performance.

2.1.1 Operational delivery of the service – the service is not running in an effective or efficient way leading to delays in the assessment and decision making for patients. A delay in the processing of patients over an extended period of time means that there are 928 patients that require an assessment of eligibility for NHS Continuing Healthcare (NHS CHC) Funding. NHS England has agreed that the CCG must resolve this and have none of the 928 patients without being assessed by the end October 2018.

2.1.2 Financial Planning and Assurance – the detail patients' requirements has not always been recorded accurately and not enough money has been set aside to cover the cost of patients' care. This under-provision has not been clearly recognised.

2.1.3 Quality and Complaints – the feedback from patients, families, careers and staff was that the service has not been responsive or effective enough.

2.1.4 Relationships and Trust of System partners – working relationships with partners has suffered and caused a lack of trust with some partners.

2.2 The result of the four issues above means:

2.2.1 The quality of the service and responsiveness to the patients and their support structures are inadequate.

2.2.2 The service is forecasting an overspend for NHS CHC of £1.6m against a budget of £64.3m.

2.2.3 The CCG has to make an additional provision of an estimated £10m for the NHS CHC patients that have not yet been processed within the framework requirements.

2.2.4 The CCT is forecast to overspend its budget by £3.5m on shared S117 packages of care.

2.2.5 The CCT requires a rapid root and branch transformation.

2.2.6 A quality and risk assurance process urgently needed implementation.

2.2.7 The NHS CHC Quality Premium standard of processing 80% of patients within 28 days is not being met.

2.2.8 Staff morale and retention rates are poor and sickness levels are high.

3. BACKGROUND

3.1 The performance of the CCT has been under scrutiny a number of times. Below is a list of some of the input received into the team for audit and advisory information.

Date	Action	Outcome
September 2013	Internal Audit review	Insufficient assurance
November 2014	TIAA NHS CHC counter fraud audit	Good controls overall
April 2015	Internal Audit Review	Requires improvement
July 2016	NHSE review of NHS CHC service	Report and recommendations
August 2016	Arden Gem review of CCT & NHS CHC services	Report and recommendations
February 2017	NHSE DCO Nursing Directorate conducted a visit to assess the CCG's position in relation to National Guidance and to review best practice from an STP perspective	Report and recommendations
November 2017	NHSE DCO Nursing Directorate conducted a review of how they could support with processes impacting on Delayed Transfers of Care	Report and recommendations

3.2 A range of actions and changes were made in response to elements of the above but did not drive a sustained improvement in the service performance.

3.3 The CCT covers a number of areas; these all are concerned with the provision of high complex care. The areas are:

3.3.1 NHS CHC
3.3.2 Acquired Brain Injury
3.3.3 Section 117 – Mental Health
3.3.4 Section 75 – Learning Disabilities

3.4 In December 2017, the CCG moved the accountability for the service to the Interim Director of Strategic Commissioning, who has experience in transforming NHS CHC previously from a low performing service to a high performing service.

3.5 A Head of Recovery and Sustainability was appointed in February 2018, who has a track record of transforming teams. Within the team the staff need the support and leadership to develop and transform; and this post is critical in developing this.

4. NHS Continuing Healthcare (NHS CHC)

4.1 In late 2017, the Department of Health (DoH) commissioned Deloitte to develop a NHS CHC Maturity Framework to enable CCGs to self-assess their NHS CHC service delivery.

4.2 Whilst not fully published, the CCG has used this as a guide to assess its current delivery position. Set out at Appendix A is the draft assessment by the Head of Recovery and Sustainability of the Complex Case Team against this maturity matrix. The CCG is mainly at level 1 and 2 (the scale at fully mature is 5) which means that we have the lowest level of maturity.

4.3 The assessment is the basis for the full recovery and implementation plan. This plan is being finalised as a priority agreed by the Senior Responsible Officer and the Clinical Executive Committee in March 2018.

4.4 It is recognised that the current position is not acceptable and the improvement of NHS CHC is a top priority for the Governing Body.

4.6 The NHS CHC Team is required to achieve the quality premiums described in Section 10 of the Draft Self-Assessment. Our current performance this year is set out below:-

	QP1 % eligibility decisions made within 28 days from receipt of Checklist **(criteria: 80%)**		QP2 % DSTs completed in acute setting for patients on hospital discharge pathway **(criteria: less than 15%)**	
	Number	%	Number	%
Feb-17	80/86	93%	24/86	28%
Mar-17	44/63	70%	20/63	32%
Apr-17	31/60	52%	29/62	47%
May-17	46/83	55%	37/73	51%
Jun-17	33/64	52%	33/96	34%
Jul-17	40/131	31%	45/72	63%
Aug-17	58/100	58%	62/100	62%
Sep-17	61/117	52%	69/134	51%
Oct-17	81/136	60%	45/131	34%
Nov-17	68/152	45%	19/144	13%
Dec-17	63/99	64%	18/105	17%
Jan-18	39/68	57%	8/130	6%

5. SECTION 117 – BACKLOG AND BUSINESS AS USUAL

5.1 In April 2016, the CCT became responsible for 66 x S117 patients and 40 new referrals waiting since December 2016 for assessment. CCT assigned an additional nurse and administrator to manage these patients. A further 110 patients have been newly referred since April 2016.

5.2 Following discussions with Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) and their subsequent legal advice, the Councils requested:

- 50% (£630k) funding for 43 patients who are S41/17A, a sub-set of S117. The CCG agreed in April 2017 that it should be funding these patients;
- a principle that all S117 patients should be jointly funded, as the Local Authorities were 100% funding many S117 patients.

5.3 The CCG is also reviewing funding arrangements for 164 patients who are considered under the VPN (Valuing People Now) category. The CCG believes we are responsible for 142 of these patients as they are S117 or joint funded learning disability patients

5.5 As at 21 February 2018, there are an estimated 569 patients that require assessment by the CCG for appropriateness of joint funding. The exact position of this patient group will be clarified and shared with Clinical Executive Committee in March 2018.

6. NEXT STEPS

6.1 It is imperative that there is rapid transformation of the CCT and CHC service delivery, as there are significant clinical and financial risks associated with current performance.

6.2 It is proposed that the CCT undertakes the following key actions over the next 4-6 weeks in order to achieve the priorities detailed in the 60-day plan on a page set out at Appendix B:-

- Restructure CCT into defined teams as a pilot structure.
- Go 'live' with new pilot operating structure.
- Agree key performance metrics for each team to deliver national standards and local expectations.
- Redesign all working operating procedures with the delivery teams.
- Commence supportive leadership and strong management of the team to regain trust and engagement of the staff.
- Establish weekly New Referral, Backlog and Retrospective team meetings

6.3 In order to create sustainable change, the team will need to phase the transformation, the proposed approach is:

- Phase 1 of the service transformation, namely clearing 928 CHC cases and achieving 28-day performance; these are the highest clinical and financial risks for the CCG and NHSE priorities.
- Phase 2 will start in April/May 2018 and focus on the Discharge to Assess 4Q pathway.
- Phase 3 will start in November 2018 and focus on reviews/s75.

7. RECOMMENDATION

7.1 The Governing Body is asked to:

- Note the NHSE requirement to close 928 CHC cases by end October 2018.
- Note the NHSE nationally mandated requirement to achieve at least 80% of eligibility decisions are made within 28 days from receipt of checklist.
- Note the NHSE nationally mandated requirement to achieve less than 15% of DSTs are completed in an acute setting (through locally agreed discharge to assess 4Q pathway).
- Note the requirement to establish and then resolve the S117 outstanding reviews and assessments.
- Approve the 60-day plan detailing immediate key priorities for the Complex Cases Team.
- Approve the piloting of a new organisational structure to transform the team.

8. REASON FOR RECOMMENDATIONS

8.1 The pace of change and piloting new ways of working immediately is essential to achieving the right quality of service for patients and their families.

9. CONCLUSION

9.1 It is critically important that the CCT's performance improves to meet the needs of the patients in Cambridgeshire and Peterborough.

9.2 The new Leadership Team will create an effective team that is transparent about its performance and focused on its results.

Author: ***Jan Thomas***
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28 February 2018

Appendix A NHS CHC Maturity Framework – CPCCG Draft Self-Assessment
Appendix B 60 Day Plan on A Page

NHS CHC Maturity Framework – CPCCG Draft Self-Assessment

1	CHC Strategy and Leadership	Level 1
A	High turnover of senior leadership, permanent and interim, over the last 4 years with limited operational experience to deliver an end-to-end service.	
B	Inadequate lines of accountability.	
C	Inadequate strategic and operational plans.	
D	High number of QIPP schemes, inconsistent with service delivery	
2	Patient and Family	Level 1
A	High level of complaints on quality of CHC clinical assessment and poor communication with patients/families.	
B	High level of appeals including some turnover of decisions at panel.	
C	Inadequate patient information leaflets poor CCG website, 13 email inboxes, multiple of different patient letters and patient surveys not collected.	
3	People and Skills	Level 1
A	High sickness rates, especially long-term and high turnover of staff;	
B	High level of vacancies covered by interim clinical and agency admin staff	
C	Current substantive staff structure insufficient to manage flow into/through service and case management	
D	No protected time for learning and development due to service performance pressures	
4	Governance	Level 2
A	Inadequate governance, reporting and accountability across wider CCG.	
B	Internal audit processes are not in place regarding decision making around primary healthcare need.	
C	Audit on quality of work not undertaken.	
D	Lack of clarity and roles and responsibilities in partnership working with LA i.e. s75, and 28-day process.	
5	Technology and systems	Level 2
A	Health Analytics (HA) not fully embedded or maximised within operating processes.	
B	HA not integrated with wider NHS systems i.e. SystmOne.	
C	13 email addresses into CCT/CHC service- to be streamlined	
6	Data and Information	Level 2
A	CHC performance, activity and financial, reported from different data sources.	
B	Limited knowledge of service performance outside of CCT senior team; to be expanded across whole team and wider CCG.	
C	Poor data quality due to inconsistent processes across team.	
D	High number of historical patient records to be loaded onto HA from ‘cloud’.	
7	Invoicing and Payment	Level 2
A	Funded Nursing Care (FNC) to LA payments is time consuming and prone to disputes. If the CCG paid home direct for all FNC, this would overcome these problems.	
B	Personal Health Budgets (PHB) could be an areas of potential financial risk.	
C	Provision being added in a timely manner	
8	Market Management	Level 2
A	Proactive long-term management of the provider market needed in partnership with the LA.	
B	Strategic Commissioning plan to maintain / create provider market commenced (LA home care procurement projects CCC / PCC).	
C	High level of spot purchase.	
D	Scope for significant improvement in management of commissioning negotiations	
E	No clinical staff in brokerage; scoping feasibility, as this would reduce clinical risk and support	

9	Screening	Level 2
A	Limited challenge on the appropriateness of checklist referrals or analysis to identify training gaps	
B	Complex Cases Team nurses complete checklist in care homes; care homes staff should complete these for their residents and can be trained.	
10	Full Assessment	Level 1
A	The CHC service has a 928 cases that it needs to process.	
B	Nurses are not conducting nurse assessments in accordance with the National Framework; this is impacting upon the quality of work, clinical decision making and number of patient/family complaints	
C	Quality Performance Metric 1: new referrals are not being managed within 28-days; Average QP1 monthly performance is 57%, considerably below the 80% NHSE mandated target.	
D	Quality Performance Metric 2: whilst the CCG is currently achieving this metric through the Discharge to Assess 4Q pathway. A joint CCG/LA evaluation is underway and will be report to CCG Clinical Executive Committee in April 2018.	
11	Verification	Level 2
A	Limited tight management on verification of DSTs.	
B	Insufficient capacity and no challenge on recommendations.	
C	Limited peer support for nurse assessors due to capacity/ lack of defined team leads, impacting on quality of DSTs and number of patient complaints/appeals.	
12	Funded Nursing Care	Level 1 – 2
A	Nursing home staff need to be trained to robustly assess for FNC within 3 months of admission	
B	Need to conduct benchmarking analysis against national data to ascertain performance	
13	Fast tracks	Level 1 – 2
A	Fast track referral rates continue to rise.	
B	No KPI/ management on verification of fast track referrals or timescales.	
C	No training programme in place for fast track referrers i.e. acute palliative care team, DNs, social care and care homes.	
14	Brokerage	Level 1 – 2
A	Commission best value placement of contracts for care with market providers	
B	Systems approach – LA CCC – Home Care and Care Home; CHC PCC Home care	
C	Operational Processes not defined – fragmented approach to brokerage and reactive to DTOC / day to day activities	
15	Personal Health Budgets (PHBs)	Level 2
A	Total number of Personal Health Budgets at the start of the Quarter 4= 177 (including a % aligned to s75 led by local authority, child direct payments and personal wheelchair budgets)	
B	Clear plan to manage new and existing PHBs within the Complex Cases team moving forward; needs to be consideration by wider CCG on expansion of PHBs beyond Complex Cases	
16	Review and case management	Level 1
A	Proactive review and case management of CHC eligible patients to confirm ongoing eligibility and review commissioned care plans.	
B	Roles and responsibilities in case management of LD (S75) and MH case management unclear with out of date agreements with partners (LA).	
C	High volumes of retrospective cases.	
17	Retrospective assessment and appeals	Level 1 - 2
A	Limited process around management and reporting of PUPoC caseload.	
B	Current data for PUPoC 1; 87 cases going through appeals process and a further 63 disputes	
C	Current data for PUPoC 2; 57 cases yet to start	

COMPLEX CASE TEAM 30/60 PRIORITIES

By 31st March 2018 the complex case team will be delivering national and local standards;
and clinical standards, through a motivated and accountable wo
It will have strong governance to assure itself, the CCG governing body, NHSE and its popula
and financial commitments.

Right starting point:

- Backlog baseline
- Live case loads
- 2018/19 budget and QIPP

Right processes:

- Operating model and clinical standards.
- Health Analytics, fit for purpose PAS and data system.
- Governance, performance and risk management systems.

- Cle
- Em
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Mid Jan	Weekly patient package tracking live	Now	Live performance D/board and recovery plan	Mid Feb
Early Mar	CEC signed off baselines	Mid Mar	HA review and development plan agreed	Early M
Early Mar	18/19 QIPP agreed	End Feb	Operating model agreed	End Ma
Mid Mar	18/19 Budget finalized	End Mar	Sign of HA as FFP	

Domain	Ref	Indicator	Target
Operating Process	1	Completion of DST in 28 days	80%
	2	Average length of Fast-track package	Less than 12 weeks
	3	Average length of deferred patients wait	Less than 5 days
	4	Contract in place within 24 hours of admission	80%
Resources	5	Sickness rates	Less than 3.5%
	6	Agency staffing hours per month	TBC
Quality	7	Complaints rates	TBC
Finance	8	Budget vs actual	On budget

- Clinica
- DST's
- FastTra
- PHB's
- ABI/St
- Sectio
- Compl
- 4Qs/D
- NHSE
- Case r
- Contra
- Qualit