

	Project High	light Report		
Project Board: Healthwatch				
Project Name:	Continuing Healthcare	Reporting Period:	November 2017	
Project Sponsor:		Project Manager	Kim Newton	
Author:	Kim Newton	Date Report Approved:	November 2017	
Project Overview	Healthwatch Gateshead chose Con Newcastle and Gateshead as one following reasons: We are aware across both areas to Delays in funding Decisions not to fund care Delays to hospital discharge Relatives feeling excluded Project objectives To identify service user, relative assessment and decision process One Collective Voice Event This gave more depth to the initiate areas of work: Information National Audit report recommented areas of work: Information To influence Newcastle Gateshead Communication and information Enabled City CHC Video, to adoptive Unitially this work started, through	that there are issues as that there are issues as the decision of the process and carer experience and carer experience and care and it was a dations are and care around best on CHC. It and embed the info	eround: around: a-making process es of the local CHC greed to focus on 3 practice in rmation onto NGCCG	
	is now being incorporated into the CHC Strategy group and working with the Patient Experience lead. We held a CHC Information session with HW Champions on 09/11/17 on the value of the information and this will be shared with NGCCG Communications lead.			



National Audit report

We are aware of the recent "Investigation into NHS CHC funding" (July 17) by National audit office which makes recommendations for improvement. To influence the local implementation of the recommendations from the National Audit report

This will be addressed in the CHC Strategy Group

Patient Experience

To determine if the national NHS Decision Support Toolkit is applied consistently and to make recommendations where required.

Ongoing (We need to know if nursing assessors are compliant with the ("Coughlan case")

Already highlighted - continuity of nursing assessors and quality of information.

RAG Ratings		
	Project actions on track	
	Project actions slippage – monitor situation	
	Project actions slippage - action required	
	Project actions complete	

Progress against key project milestones				
Milestone	Planned Completion Date	Progress or Slippage	Variance	Explanation
Stakeholder Engagement	End August	Ongoing dialogue		Made significant progress with Local Authority leads in both Gateshead and Newcastle



NGCCG engagement		Started November 2017	Task group involvement around comms for CHC. await info from Alison Thompson The first meeting with NGCCG Patient Experience lead on the 14 th November 2017, where we will develop an action plan to discuss the all areas of work and how HWG can add evidence to patient experience.
One collective voice event	August 17	Achieved	Good response rate
Design Surveys	August/Septe mber	Achieved	A survey has been produced, with both Newcastle and Gateshead LA and NGCCG given opportunities to input. We received comments from Gateshead LA and NGCCG which were included in the survey. This went live in October this was circulated to all our contacts and promoted on HWG website, social media. As of 09/11/17 we have received 28 responses. We were heavily reliant on adult social care in Newcastle and Gateshead, as well as NGCCG to help us reach patients and their Carers as this. This has not happened as the GCCG have said that they do



			not have the resources to make this happen, they also cited data protection issues.
Source Participants		Achieved	Observe family through CHC decision making process.
CHC Strategy Group	November 17	On target	HWG is part of the CHC Strategy group attended by partners from NGCCG. NUTH GNHS Newcastle and Gateshead LA leads. We will be looking at an action plan to address CHC across the board.

2. Key expectations in next reporting period

Plan to be developed with patient experience lead to feed into the strategy group.

Find out about the audit report from Joe Corrigan NGCCG (raised at the PP and Carer Engagement Forum).

Have details of the volume of people assessed from 1 April to 30 September 2017.

Survey complete.

3. Risk Report	Risk Rating
Survey numbers low	Red
Time to engage across both areas	

4.	Changes in reporting period (A change request pro-forma should be attached as an appendix for all changes)