

Continuing Healthcare - CHC Overview and Scrutiny Committee

Mandy Philbin: Chief Nurse

Debbie Morton: Head of Clinical Service/Interim Deputy Chief Nurse

26th September 2018

Meet Mr P ...

Happily married and healthy for 35 years living at home with his wife



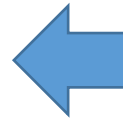
Mr P became forgetful, his wife contacted Sheffield Citywide Alarms who provided a Careline service to keep Mr P safe



Mr P's dementia worsened and he became unaware of time, place or person. He was incontinent, distressed on a daily basis despite interventions, including medication and skilled support. He became aggressive and unable to communicate, regularly wandering despite appearing breathless, this uses an increased amount of energy and triggered nutritional concerns with Mr P having a recent history of falls. Mr P became resistant to all care interventions which required significant staffing to address. His needs are intense through the day and night. Mr P would qualify for CHC funding, not because of his diagnosis but because his needs require a number of skilled **health professionals** and **skilled carers** to assess and manage his needs and keep Mr P safe on a daily basis. The social worker completed a Checklist which resulted in an assessment for CHC. Mr P was found eligible for CHC as a result of having a primary health need and was transferred to a nursing care home with health and social care provided free under the NHS

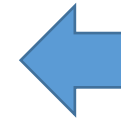
Mr P's dementia worsened he was re-assessed by a social worker with his care needs dictating that he was unsafe to remain at home

Mr P and his wife agreed with the social worker that a residential home would be the best care setting

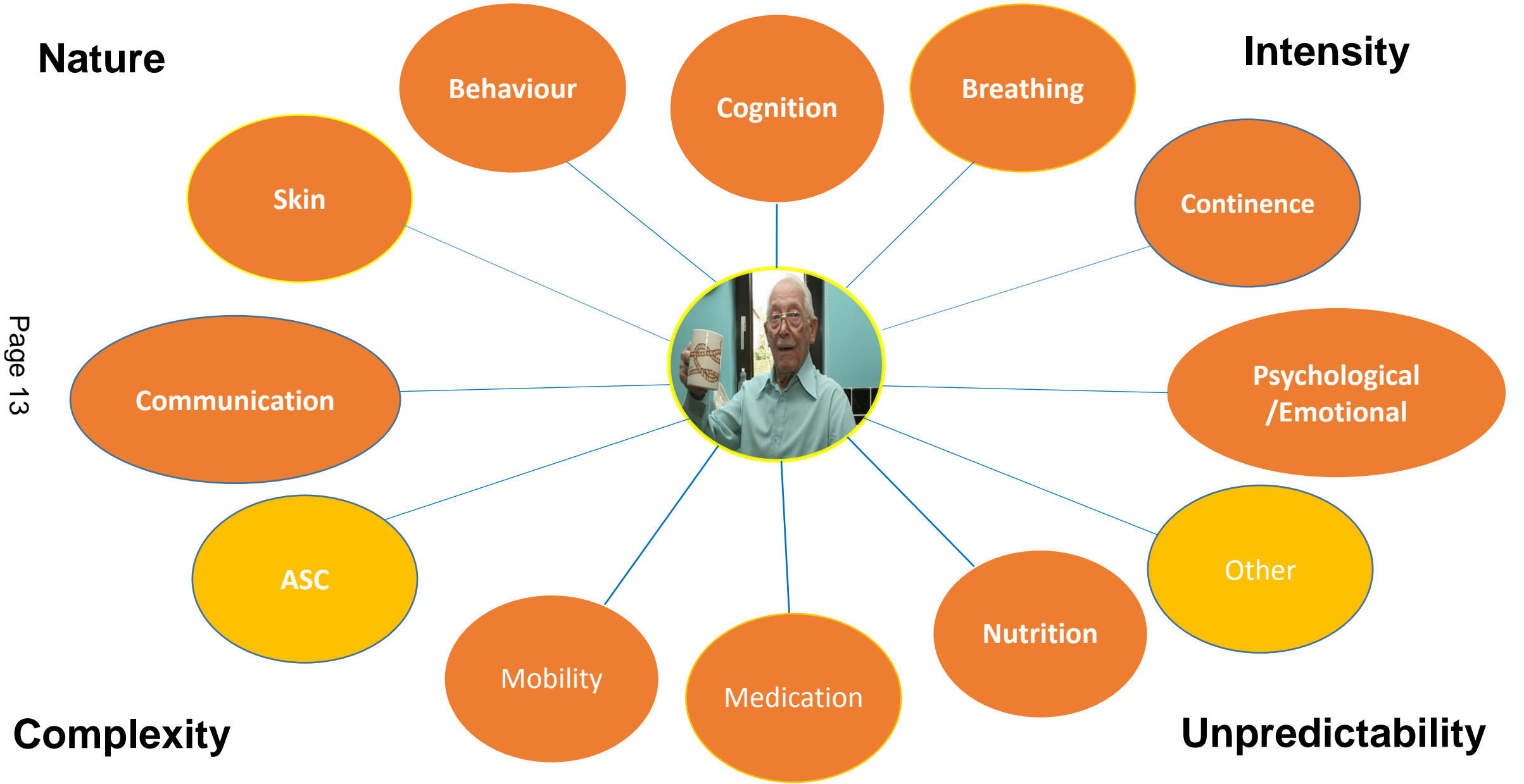


Mr P's memory worsened and the memory clinic diagnosed Mr P as having Dementia.

Mr P received a social care assessment which included a fairer charging assessment with Mr P paying a contribution towards a domiciliary care service

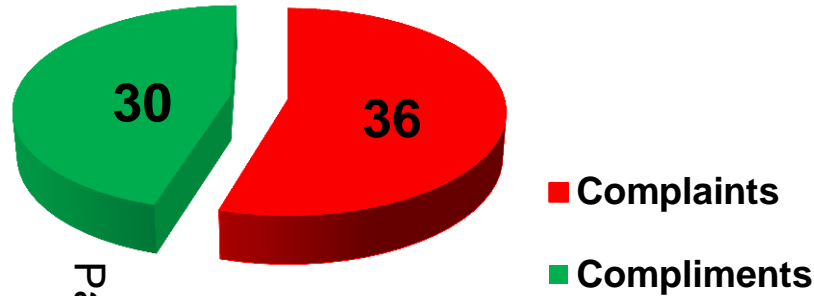


Mr P's CHC Decision Support Tool (DST) Domain needs

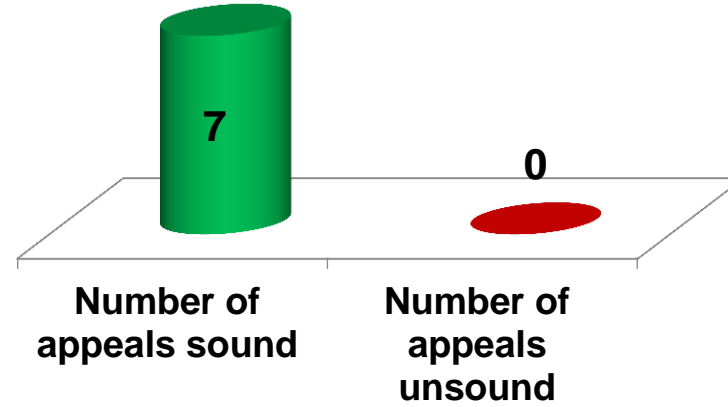


CHC service quality and timeliness – 1,900 individuals in receipt of services

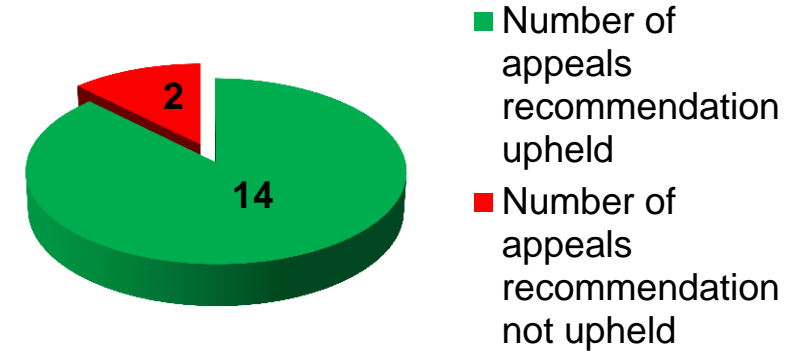
April 2017 to March 2018



NHS England Independent Review Panel
Appeals April 2016 to March 2018



Appeals Local Resolution
April 2016 to March 2018



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Complaint themes: 11 offer of care, 10 assessments, 4 communication, 5 process, 6 others.

NHS England Quality Standards

- Less than 15% of Decision Support Tools (DST) completed in hospital
 - 100%** of Sheffield's DSTs are completed outside of hospital settings
- 80% of Decision Support Tools (DST) are completed within 28 days
 - So far in 2018-19: **92%** of DSTs have been completed within 28 days

What have we heard?

CQC Inspection Sheffield's whole care system - feedback 2018

- Disjointed services which can cause anxiety
- Concerns over quality and accountability of the assessment process
- Services that are not always person centred
- No strong voice from individuals and their families in receipt of services
- The need for better use of digital technology
- Re-assessments and withdrawal of funding at specialist dementia homes

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Healthwatch engagement with individuals in receipt of services at Woodland View and Birch Avenue 2018 - Key themes

- Values and behaviours - some staff can lack empathy
- Need to move away from 'the professional knows best'
- Lack of transparency and openness in the process
- Families given short notice of Decision Support Tool assessments
- Lack of accessible information

What we are doing in response to improve services?

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