

## APPENDIX 1



## Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

### Report of:

Sara Storey  
(Interim Director of Adult Social Care, Sheffield CC)

Alun Windle  
(Deputy Chief Nurse, NHS Sheffield CCG)

### Subject:

**Sheffield Continuing Healthcare - Collaborative Service Development Update**

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### Summary:

The Ongoing Care Programme is delivering collaborative change informed by people in receipt of care, their representatives and our workforces. The aim is to improve the service experience and outcomes across a range of services relating to continuing healthcare.

Having presented the service developments to the committee on the 20<sup>th</sup> March 2019, we have been asked to provide a further update on how the changes implemented are impacting on the service experience for people in receipt of care and their representatives.

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	<b>x</b>
Other	

**The Scrutiny Committee is being asked to:**

Review the developments and provide their views, comments, and recommendations.

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**Papers submitted:**

The below documents have been submitted to the Committee.

1. Front Cover Sheet
2. The 'slide deck' Continuing Healthcare Service Developments
3. Story of Difference – Embracing the practice principles of: Involvement, empowerment and collaboration.
4. Feedback on the service experience from the single contracted 'Care at Night' service which was launched on the 6<sup>th</sup> May 2019.

**Category of Report:** OPEN

**Report of the Interim Director of Adult Social Care and the Deputy Chief Nurse of NHS Sheffield Clinical Commissioning Group**

**Sheffield Continuing Healthcare - Collaborative Service Development Update**

**1. Introduction/Context**

- 1.1 The Ongoing Care Programme is delivering collaborative change to services, informed by people in receipt of care and their representatives, aimed at improving the service experience and outcomes across a range of services relating to continuing healthcare.

Having presented the service developments to the committee on the 20<sup>th</sup> March 2019, we have been asked to provide a further update on how the changes implemented are impacting on the service experience.

The information provided gives a summary of the developments completed in relation to Continuing Healthcare, complemented by the introduction of the joint commissioning of services, and communicates how the developments are having a positive impact on the service experience for people in receipt of care and their representatives.

**2. Main body of report, matters for consideration, etc**

- 2.1 The slides provide information on the actions we have taken and how this is benefitting people in receipt of services.

Some of the developments are in their infancy such as the 'How did we do Questionnaire?', which is subject to a controlled implementation to allow for close review and revision, with the aim of continuing to work closely with people in receipt of care and their representatives to help evidence the outcomes.

The Ongoing Care Programme is developing jointly commissioned services which are benefitting people in receipt of a range of services, some of which are related to Continuing Healthcare, including fully funded services and joint packages of care.

A key aim of the programme is to support the delivery of Continuing Healthcare assessment and care management services which are consistent, compliant with the national framework, and deliver a high quality and safe service experience.

2.2 Jointly commissioned services are delivering value for money.

### **3 What does this mean for the people of Sheffield?**

3.1 Continuing Healthcare assessment and care management services are equitable in that they identify the presence of a 'primary health need' in a consistent manner, with processes developed collaboratively across health and social care.

3.2 The values and behaviours which were co-produced with people in receipt of care and their representatives set the standard for our workforces in the manner in which services are delivered.

3.2 Jointly commissioned services such as the Care at Night offer continuity of care, enabling people who experience a change to their eligibility to continue to receive services from the same care provider.

3.3 People in Sheffield have a 'strong voice' with the 'How did we do Questionnaires' capturing the service experience, encouraging people in receipt of care and their representatives to contribute to helping to inform future service development aimed at continual service improvement.

### **4. Recommendation**

4.1 The Committee is asked to review the developments and provide their views, comments, and recommendations.

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