Agenda Item 4

# Health and Adult Social Care Scrutiny Board 18 June, 2015

## **Continuing Healthcare – Checklist Analysis and Promotion**

## 1. Summary Statement

- 1.1 The Adult Social Care Scrutiny Board met on 10 February 2015 to consider a report from officers in Adult Social Care in relation to Continuing Health Care. The Board requested clarification from the Clinical Commissioning Group on the following points:-
  - The number of people where positive CHC checklists have been completed but are awaiting a full DST assessment and the number of people who have been waiting over 28 days. Scrutiny would like to understand the reasons for any delays and what steps are being taken to clear any backlogs that exist and ensure future assessments are dealt with in a timely way;
  - ii) How the service is promoted.

## 2. Background information

2.1 The following information relates to positive Continuing Healthcare Checklists submitted to the department for assessment purposes.

	Checklists	Outstanding	Not CHC
	submitted	assessments	Eligible
January 2015	171	0	45
February 2015	151	0	80
March 2015	118	0	15
April 2015	123	0	20
May 2015	134	0	27

The checklists submitted are the combined total received from acute and community settings.

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## 3. Delays

- 3.1 Continuing Healthcare is currently experiencing no delays in assessments resulting from checklists.
- 3.2 There are some barriers to arranging assessments, in particular, there is difficulty in securing Social Workers to attend and on many occasions Social Workers request that assessments are re-arranged to accommodate them. However, as Continuing Healthcare face deadlines for ensuring completion of assessments, in cases where Social Workers are unable to attend, assessments are required to proceed as planned to prevent delays. Furthermore, families and carers start to complain regarding changes to planned assessment dates as the majority take time off work to be present.
- 3.3 Assessment booking is a priority within the Continuing Healthcare, the only instance where a delay could be experienced would be cases where the patient is medically unfit for discharge.

## 4. Promotion of Continuing Healthcare

- 4.1 Continuing Healthcare is promoted through a number of various methods. CHC Senior management attend patient network meetings and patient participation groups across the localities.
- 4.2 There is further patient engagement development underway involving patient advisory groups.
- 4.3 Continuing Healthcare material on the SWBCCG website is currently being restructured with further information and signposting with support of the CCG Communications team and the Customer Care Team. The CCG's customer care team support many patients through the CHC process and any patient or carer can access this service for advice and support.

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