

## ROTHERHAM BOROUGH COUNCIL – REPORT

<b>1. Meeting:</b>	<b>Cabinet</b>
<b>2. Date:</b>	<b>17<sup>th</sup> October 2012</b>
<b>3. Title:</b>	<b>Scrutiny Review of Continuing Healthcare</b>
<b>4. Directorate:</b>	<b>Resources</b>

### **5. Summary**

This report sets out the findings and recommendations of the scrutiny review of Continuing Healthcare in Rotherham. The report is attached as Appendix 1 and was approved by the Health Select Commission on 13<sup>th</sup> September 2012 and Overview and Scrutiny Management Board on the 21<sup>st</sup> September.

### **6. Recommendations**

#### **That Cabinet:**

- **That Cabinet consider the review and comment on its findings;**
- **That Cabinet formally respond to the recommendations of the review;**
- **That this response is received by OSMB within two month's as outlined within the Council's Constitution.**
- **Refer the report to the Health and Well Being Board for their consideration.**

## 7. Proposals and Details

As part of its 2011/12 work programme, The Health Select Commission agreed to undertake a joint review with the Improving Lives Select Commission to look at Continuing Healthcare (CHC) in Rotherham.

It was brought to the attention of members that spend on CHC in Rotherham was lower than that of surrounding and statistical neighbours and there were anecdotal concerns in relation to the customer experience of the CHC process and time taken to receive decisions. Scrutiny Members were concerned about this level of spending locally and the impact this was likely having on customers as well as Local Authority budgets.

Below is a summary of the key findings:

- There had been some positive engagement between the two organisations (local authority and NHS) to address some of the strategic issues faced locally in relation to budgets and procedures
- In Rotherham, the lower spend on CHC meant that Adult Social Care spend was higher than it would be if the CHC spend was either at average levels, or in line with the levels of health inequalities in the borough
- Interviews with professionals raised a number of issues and concerns around the process of assessments and decision making, including the CHC panel
- It was clear that although the processes were being adhered to, there were huge inconsistencies in the way they were implemented
- Information gathered from customers reflected the concerns raised in relation to the lack of clarity and inconsistencies in the process and delays being experienced

The recommendations from the review are detailed in Section 6 of the full review report. They are divided into 5 themes, and include:

**1. Assessments:** To consider options for undertaking the CHC and social care assessments together and for increasing the use of step up/step down units as a setting to undertake assessments

**2. Training:** To refresh the CHC training package, ensuring it incorporates case studies and opportunities for feedback to relevant workers

**3. Written Protocols:** To agree written local protocols to provide clarity for specific situations in relation to the assessment process, lead worker and funding

**4. Joint Working:** To put in place joint strategic liaison meetings and regular multi-disciplinary team meetings to improve joint working and communication across agencies

**5. Panels and Appeals:** To ensure appropriate representation on CHC panels to enable expert knowledge and independence, and ensure information in relation to the appeals process is routinely given to customers

The indicative timetable for the onward consideration of the review and its recommendations is as follows:

- For the final report, following approval by the Health Select Commission, to go to OSMB in September
- Report to Cabinet September/early October 2012
- Cabinet response to report recommendations back to Health Select Commission December 2012

The review makes a recommendation for the CHC Manger to provide an update report 6 months following approval of the recommendations back to health Select Commission to provide reassurance that the recommendations were being implemented.

## **8. Finance**

In Rotherham, the lower spend on CHC means that Adult Social Care spend is higher than it would be if the CHC spend was either at average levels or at a level in accordance with the level of health inequalities in the community. The purpose of the review was to consider reasons for this lower spend, as well looking at the customer experience, and make recommendations to try and address these financial discrepancies.

## **9. Risks and Uncertainties**

The information gathered by the review-group suggests that although processes were in place, there were huge inconsistencies in the way in which these were being implemented in Rotherham. The total number of panels in place and the lack of transparent implementation of the processes were the main reasons for delays being experienced and financial discrepancies. CHC is dealing with an incredibly vulnerable group and the failure to prioritise this issue will be seen by Members as unforgivable.

## **10. Contact**

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