

**HEALTH AND ADULT CARE SCRUTINY COMMITTEE**  
**Minutes of the meeting of the Health and Adult Care Scrutiny Committee held**  
**on 20<sup>th</sup> November 2012 at 12.00pm in the Wrekin Room, Business**  
**Development Centre, Stafford Park, Telford, Shropshire**

**PRESENT:**

Councillors D. White (Chair), V. Fletcher , J. Loveridge, , J. Minor, R Picken, J. Seymour, C. Turley, Co-optees R. Shaw, J. Gulliver, Ralph Perkins

Also Present: Sarah Bloomfield, Deputy Chief Nurse at SaTH, Susan Crooke-Williams Discharge Liaison Sister at Princess Royal Hospital, Cath Molineux, Nurse Consultant -Shropshire Community Services, Cllr. Rae Evans, Steve Woods, Dylan Harrison Representative of Telford and Wrekin CCG.

**HACSC-39 MINUTES**

**RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee held on 7<sup>th</sup> August 2012 be agreed as an accurate reflection of the meeting and signed by the Chairman.**

**HACSC-40 APOLOGIES FOR ABSENCE**

Councillor A. Meredith

**HACSC-41 DECLARATIONS OF INTEREST**

None

**HACSC-42 SCRUTINY OF THE ASSESSMENT PROCESS FOR CONTINUING HEALTHCARE FUNDING**

The Chair welcomed everyone to the meeting and provided an overview of the work that the Committee is undertaking on Continuing Healthcare Funding. He invited S. Crooke-Williams to give an overview of the role of the Hospital Trust in the CHC assessment and hospital discharge process .

S. Crooke Williams outlined that when a patient is admitted a screening tool is used to identify the support a patient will need on discharge. A notification 2 is set to the local authority if a patient may require support from the local authority on discharge. This can result in 2 outcomes:

- 1) The patient is assessed and does not require further support and can return home / residential care etc
- 2) The patient will need a care package e.g. re-ablement or residential care. If

care is needed an Integrated Healthcare Assessment if carried out – this includes the CHC check list. This assessment provides a full picture of the patients needs including speech and language therapy, physiotherapy, dieticians. Once the assessment is complete the person will identify the domains that are relevant to the patient on the CHC checklist.

The patient is asked to give consent – in line with best practice it is assumed that the patient has capacity to give consent unless it is proven otherwise. If the patient has capacity and does not want family to be involved we have to go with this. If the patient does want family involved in the assessment process then where practicable we do so e.g. if they are not able to be present during the assessment we can contact them by phone. If a person has power of attorney for the patient they can give consent for the assessment to take place. However if they only have power of attorney for financial issues they cannot give consent for this assessment.

The Chair asked if the person carrying out the assessment had to record exactly what the patient says. His concern was that some patients play down the level of care that they need and will respond that they can do certain activities even if it is obvious that they are not able to. Other people do not want to bother their family. He said it is important that family are involved and should not be disenfranchised since in many cases they will be caring for the patient after discharge.

S. Crooke – Williams said that it is down to the patient to decide if they want their family involved. If there are questions about their capacity to make this decision there are two assessment tools for cognitive impairment which score mild, moderate and severe ( Mini Mental State Examination and the Montreal Cognitive Assessment). If a patient scores higher than 22 then he / she is deemed to have capacity.

S. Bloomfield commented that of the total number of patients that are assessed a small number will lack capacity, another small group will not want family involved but a large group will not want to trouble their family. In these cases it was her expectation that a registered nurse should have a conversation with the patient to explain the importance of involving their family.

Cllr. Seymour asked how this would be explained to an older patient and many do not want to accept social care services.

S. Bloomfield responded that the hospital needs to work with relatives at the earlier stages. If the family are involved from day 1 it is easier to ensure they are involved appropriately in the assessment.

Cllr. Fletcher commented that if a patient does not have family if they are assessed without input from people who know them they may 'make light' of their condition and what they are capable of. The assessment must get to the bottom of what the person's needs actually are and what support they require.

C. Molineux added that it is important to build trust with people. Some people do not want to accept support. The Community Trust goes into the home environment. It can be an advantage that assessments carried out in hospital do not have. It is also

important to involve other organisations such as carers and social care.

Cllr. Fletcher asked how staff at the Community Trust and SaTH assess the nursing needs and CHC funding.

C. Molineux and S. Crooke Williams responded that neither the community Trust or SaTH make this decision – this is the responsibility of the Primary Care Trust.

Cllr. Fletcher asked if a member of staff at the Community Trust or SaTH thought that a person needs CHC funding what would they do?

S. Crooke-Williams answered that staff can use the CHC Checklist to see if someone is eligible for a CHC assessment. The CHC assessment is then carried out by a registered nurse who will undertake the assessment. The outcome of the assessment would be:

- The person meets the criteria and is eligible for CHC funding
- The person does not meet the criteria and is not eligible for CHC funding
- It will be necessary to hold a meeting to decide if the person is eligible for CHC funding.

R. Shaw asked how a patient can appeal a decision.

S. Crooke-Williams said that she is the Chair of the CHC Appeal Panel for Telford and Wrekin.

The Chair clarified asked if this was a conflict of interest. S. Crooke-Williams responded that she does not have anything to do with the assessment or decision regarding CHC funding.

Cllr. John Minor reported a case he was aware of in which a person needed medical care but he was referred to social services. There was a disagreement between social services and the NHS when the council said they were not going to pay for NHS care.

S. Crooke-Williams clarified that if someone is discharged from hospital and require nursing care they will receive £108.70 NHS Funded Nurse Care. After 12 weeks the patient will be reassessed and the outcome may be that they no longer require nursing care. If this 12 week assessment determined that NHS Funded Nurse Care there would be an annual assessment.

The Chair said that the Committee has received information about a number of cases where the patient had not been assessed properly. How do we ensure that the assessment process is fair and not just a tick box exercise. How many appeals are made against the decisions?

C. Molineux assured Members that the assessments were more than just a tick box exercise.

The Chair responded that an example had been given by a Councillor at a meeting the

previous week.

S. Wood commented on the importance of the assessment process and ensuring that the patient and family are fully informed about the assessment and how the information will be used and what the consequences of the decision will be. In his view the majority of people do not know what the assessment means. He highlighted examples from his families experience of how the wrong equipment had been provided, that the family were not trained how to use it and carers said that they were not able to carry out certain tasks. He said it is important that is a single check list – a 'highway code' for CHC funding. This needs to explain how the appeals process works. He said he would share the information that he has started to develop and would welcome comments from members. He highlighted the importance of assessing the patients needs and not just taking their word that they can do certain things as some people do not want to 'make a fuss'. When a member of his family was assessed the family were not informed.

The Chair asked if the patient had not wanted family to be involved.

S. Wood responded that none of the family, including the patient, knew that the assessment was going to take place or what it was for.

The Chair said that it is important that the family or an advocate is involved in the process. Information from care homes also provided evidence that there are people who require nursing care who are not getting funding.

Cllr. Seymour asked what safeguards are there in the assessment process to ensure that the nurse carrying out the CHC assessment and making the decision does not over ride information in medical and nursing notes and there are checks that the patient has been properly involved.

S. Crooke- Williams said that on the Appeals Panel that she chairs there are representatives from the Local Authority, PCT and a reviewing officer e.g. mental health professional. It was confirmed that the officer who manages the CHC assessment process at the PCT / CCG provides evidence to the appeals panel but leaves the room when the decision is made.

Cllr. Minor commented that it is easy to 'play the blame game'. He was aware of a case where health and care professionals disagreed about the care a person needed. The individual social workers and nurses were very good. He expressed concern that the carers who came into the person's house did not feel able to raise issues.

The Chair highlighted that the committee needs to ensure that all people are treated fairly. When looking at the assessment process the committee must look at the wider picture – not just who is filling in the form but that other people influence the process.

S. Bloomfield recognised that the Hospital Trust can do more to support nurses to understand the assessment process and give information to families. It is important that this is jargon free.

C. Molineux commented that carers go into people's homes – but are not always able to identify nursing needs.

S. Wood commented that when a patient reached the stage that these assessments are taking place there is a lot of information to take in an a lot of paper work . The guide he had talked about earlier also needs contact details – e.g. the district nurse. He did not want what happened to his family to happen to anyone else. He will email the check list to F. Bottrill to circulate to members.

C. Molineux requested a copy of the check list.

The Chair asked about patient who have not received CHC funding but whose health subsequently deteriorates?

Cllr. Seymour added that the process has to be robust – there need to be further checks. We cannot depend on 1 process and 1 person's decision without a check that all the relevant information has been taken into account.

The Chair commented that all patients must be treated fairly through out the CHC process. It is important the Committee looks at the appeals process but the patient and family are 'stuck in the middle'. He asked what happened to people who are self funding?

Cllr. Fletcher expressed concern about people who find their own care – either at home or in care homes. What is the process for re-assessment? Who supports people who are self funding through this process?

The Chair asked D. Harrison if he has any comments.

D. Harrison responded that he had come as an observer and so could not comment on behalf of the CCG. However this is a complex system and that people have had bad experiences at different stages of the process – but this is not all related directly to CHC. There is a lot of unhappiness about finding – and there is tremendous pressure on budgets. The way to deal with this is to get all the organisations around the table and agree what each will / will not fund.

R. Perkins commented that there is an issue about continuity of GP care – it is difficult to see the same GP twice and if you see someone at a different location records are not available.

The Chair commented that all information should be used as part of the assessment process – but recognised that this needs to respect confidentiality.

Cllr. Seymour highlighted that if a person has health needs but this is not met by the PCT / CCG the local authority is not able to provide healthcare.

The Chair asked if it is difficult for front line nursing staff who see patients conditions deteriorating but are not assessed as eligible for CHC funding. This has been the message that the Committee has received from Care Homes.

C. Molineux replied that it can be disheartening.

S. Bloomfield responded that it can be very difficult. Nurses see patients experiencing delays and this can be a process issue or it can be a funding issues, but as a nurse this can be very frustrating.

The Chair commented that one consequence of the reduction in CHC funding could be an increase in 'bed blocking'

S. Bloomfield explained that while this might be a consequence of the system this is not the right care for the patient. The Hospital Trust is looking at patient flow to ensure people are getting the right care in the right place within the Trust.

Cllr. Minor commented that it is important to recognise that Social Care should not be expected to meet medical needs.

The Chair asked the officers attending the meeting if they had any thoughts about how to resolve the issue of CHC funding.

S. Crooke-Williams responded that it would be helpful for social workers to share their assessment of a patients needs with hospital staff. Social workers have access to the integrated healthcare assessment.

The Chair asked why this information is not shared.

S. Crooke-Williams replied that the local authority would have to answer this question.

S. Bloomfield replied that there are process issues around the assessment and the Hospital Trust needs to do more to involve relatives in the assessments and discharge.

S. Crooke-Williams responded that what would help if the Community Trust and SaTH work more closely together. It is also important to ensure that carers are part of this process so that there is an overall care plan. Carers who go into home may see a person's condition or circumstances change and should be able to raise health concerns with a District nurse or request an assessment.

The Chair commented that he has become aware that CHC funding is becoming an issue in Shropshire. He also said that it is important that carers employed by private companies need to be informed about and involved in the assessment process.

Cllr. Minor asked how the issues regarding CHC funding fit with the development of the Health and Wellbeing Board.

The Chair responded that the Scrutiny Committee will carry out this review and make recommendations. The Health and Wellbeing Board has the right people round the table –so some of the recommendations may be to this Board.

Cllr. Fletcher asked about how safeguarding issues are managed. What happens if a carer is not confident enough to raise concerns. What training is given in care homes or to hospital staff. How are staff encouraged to raise concerns?

S. Wood confirmed the important role that care homes have in this process. It was the matron at the care home who first explained about the funding and how it works.

C. Molineux responded that all care homes have to be registered with the CQC and as part of this their safeguarding policies will be inspected.

S. Bloomfield said that it is important that all organisations have a whistle blowing policy and safeguarding policy.

The Chair thanked the officers from the Community Trust and SaTH for attending the meeting.

### **HSCSC-43 201 CHAIR'S UPDATE**

The Chair gave the Committee a verbal update on the work programme:

- A visit to a care home will be arranged as part of the CHC Review
- The review on the Meals on Wheels service will be scoped in January / February 2013
- Cllr. White will chair the next meeting of the West Midlands Regional Health Scrutiny Chair's Forum

Members were also informed that Scrutiny Management Board had received a report on the changes to Health Scrutiny arrangements as a result of the Health and Social Care Act 2012. The Department of Health had not issued the regulations so in order to make the necessary changes to the constitution by the end of March the Scrutiny Management Board has agreed to delegate the recommendations that will be made to Council Constitution Committee to the Statutory Scrutiny Officer in consultation with the Chair of Scrutiny Management Board.

The meeting ended at 1.35 p.m.

**Chairman:** .....

**Date:** .....