

# **NHS Sheffield Continuing healthcare Guidance on the provision of night time care**

## **1.0 Purpose and scope**

1.1 This guidance sets out NHS Sheffield's position on the funding of care during the night, for patients eligible for Continuing Healthcare.

1.2 This guidance covers patients receiving care in their own home, including supported living, where that care is funded under Continuing Healthcare (including any joint packages of care). It does not extend to patients living in establishments registered by the Care Quality Commission.

1.3 The objective of this guidance is to promote fair and consistent decision making when designing packages of care, in respect of night time care. It is intended to guide practitioners and NHS Sheffield managers in making decisions about the care to be offered to patients.

## **2.0 Audience**

2.1 This guidance has been developed to assist practitioners developing care packages to determine which services to propose for patients, to meet their assessed health and social care needs.

2.2 This guidance is also developed for patients and their families, to assist them to understand of the likely extent of services that may be available to them.

## **3.0 Background**

3.1 The National Framework for Continuing Healthcare states that

‘the package to be provided is that which the PCT assesses is appropriate for the individual's needs’.

3.2 The Practice Guidance for Continuing Healthcare notes that for each patient there will be a range of options for packages of support and their settings that will be appropriate for their needs. It goes on to note that the starting point for designing any package of care will be the individual's preferences. However, PCTs can take comparative costs and value for money into account when determining the model of support to be provided. Such comparisons should be based on the actual costs of providing care for the patient and considering different approaches to meeting the patient's needs.

3.3 NHS Sheffield's CHC Policy on the Commissioning of Care Provision sets out how decisions are made in respect of individual packages of care. The guidance reflects the principles established in case law, including the range of factors which must be balanced in making decisions about packages

of care. This guidance on the provision of night time care is subordinate to the Policy on the Commissioning of Care Provision.

## **4.0 Provision**

4.1 There are a range of different methods by which a patient's care needs can be met during the night. These include:

- Self care
- Informal care by unpaid carers
- Aids and adaptations
- Assistive technology
- Shared care with other patients
- Roaming Night
- Sleeping Night
- Waking Night

4.2 NHS Sheffield will consider the above options and any relevant alternatives when considering how to meet a patient's needs for care during the night.

4.3 NHS Sheffield will determine whether a patient needs care during the night, when assessing, reviewing or reassessing their needs.

4.4 Assessments and reviews should not state that a patient needs a particular service. Rather, they should detail the clinical or social function with which the patient requires care. The proposals as to how to meet the patient's needs should then be made on the NHS Sheffield CHC Resource Panel pro forma.

## **5.0 Packages of care**

5.1 All decisions made about packages of care to offer to a patient eligible for continuing healthcare will be made in line with NHS Sheffield's CHC guidance on the commissioning of care.

5.2 Where care at night is required, NHS Sheffield's provision of care at night will aim to provide the least intrusive care to patients. The options for providing care at night will be considered in the order they are set out in paragraph 4.1. An option later in the list will only be provided if earlier options cannot meet patient needs.

5.3 Opportunities for reablement and rehabilitation will be promoted, to maximise opportunities for self care.

## **6.0 Providers**

6.1 NHS Sheffield will make decisions as to which providers will deliver packages of care, in line with its guidance on commissioning of care packages.

6.2 NHS Sheffield contracts for certain services from specific providers. NHS Sheffield also has arrangements with Sheffield City Council to contract with providers on its behalf. Where such preferred provider arrangements are in place for night care, NHS Sheffield will use these providers in all but exceptional circumstances.

6.3 Where a provider has a managed account, NHS Sheffield will determine the cost to be allowed for night care. This will be determined on the basis of how NHS Sheffield could meet night care needs, at the lowest cost.

6.4 NHS Sheffield is contracting with preferred providers to deliver roaming night services (including those being procured by Sheffield City Council). Where a roaming night service is the most cost effective option for meeting a patient's needs, then this will be provided by one of the preferred providers.

6.5 Where a patient requires a waking or a sleeping night service, this may be provided by a different agency to that providing day time domiciliary care.

## **7.0 Consultation**

7.1 NHS Sheffield has consulted with partners on the development of this guidance, through the CHC Operational Group.

## **8.0 Communication**

8.1 This guidance will be published on NHS Sheffield's website. It will be disseminated to partner organisations through the CHC Operational Group.

## Document Control

V0.1	21 February 2012	E Harrigan	Initial Draft
V0.2 (final)	10 May 2012	E Harrigan	Following internal comment, and the procurement of new roaming night services.