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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	17th December 2018	Agenda Item	4a
Report Title	Continuing NHS Healthcare Quarter 2 Report: July – September 2018		
Report Author	Jason Crawl (Unit Nurse Director), Diane Fletcher (Head of Long Term Care)		
Report Sponsor	Hilary Dover (Service Director)		
Presented by			
Freedom of Information	Open		
Purpose of the Report	This report aims to provide an update on the Q2 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.		
Key Issues	<p>Management and performance of CHC and FNC.</p> <p>Retrospective CHC Claims and the implications of the Powys All Wales Retrospective Review Team closing in March 2019.</p> <p>Actions taken to date in relation to the Supreme Court Judgement for future and backdated FNC rates.</p> <p>Escalating Concerns.</p> <p>Change in benefit system (ILF), Bridgend area.</p> <p>Planned closure of mental health beds, impact on the care home sector.</p> <p>Results of the WG CHC and Retrospective Audit.</p>		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Receive the update on the Supreme Court Judgement for FNC rates 		

	<ul style="list-style-type: none">• Receive the impact resulting from the closure of the Powys All Wales Retrospective Review Team in March 2019.• Receive the impact of the closure of mental beds on PC&CS.
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Continuing NHS Health Care Quarter 2: July - September 2018

1. INTRODUCTION

This report aims to provide an update on the Q2 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.

2. BACKGROUND

Welsh Government (WG) issued a revised policy document on Continuing NHS Healthcare (CHC) in 2014. The 2014 CHC National Framework included a Performance Framework specific to CHC, with a key requirement that each Health Board receive a formal quarterly CHC Position Report. This was subsequently revised in 2015 to require consideration either at HB Board or at an appropriate Board level Committee if this route allows for more detailed scrutiny and analysis.

The quarterly reporting requirement has been supported by Wales Audit Office (WAO) in their 2013 and 2014 Reports, and compliance is required by the Assembly Public Accounts Committee.

3. GOVERNANCE AND RISK ISSUES

WG have issued a Performance Framework that is specific to CHC. Two key components of the Performance Framework are the Annual Self-Assessment and the Annual Sample Audit.

All Health Boards completed a Self-Assessment against the recommendations identified in the Older People's Commissioner (OPC) for Wales 'A Place to Call Home' report. In addition to the March 2017 response further evidence was submitted in May 2018. The OPC has responded to the May 2018 submission acknowledging the development of Good Work Dementia Training undertaken in partnership with Local Authorities across the region. However, would like to see this work developed further to encompass all care homes with further development of the Health Boards dementia advisory team.

Work is underway with WG, via the lead CEO, to review the current policy landscape and the range of groups in place. The role and function of the National Complex Care Board and Stakeholder Reference Group forms part of that consideration. The National Complex Care Board will be considering a revised approach in terms of their future remit.

Retrospective Claims

The retrospective claims process has been established to consider claims from individuals or their family/representative that they should have been eligible for CHC funding for past care needs but, for a number of reasons, they were either not assessed or not determined eligible, and thus were required to contribute to their package of care. The All Wales Retrospective Review Team, based in Powys Teaching Health Board are continuing to process claims for phases 1, 2 and 3 of the

project. This project has been extended to March 2019, however, there are currently 80 cases remaining for ABMU, it is not known how many of these cases will be returning to the Health Board's Retrospective Claims Team for review. The closure plan will be closely monitored by ABMU during the next six months.

Health Board Retrospective Claims Activated and Reviewed in Q2: July 2018 to September 2018

CASES	STATUS	COMMENT
12	Received	Applications received in Q2.
8	Activated	These are cases where all the relevant documentation has been received to allow activation ready for review.
17	Reviewed	These are cases that have been reviewed by the Nurse Assessor. Chronology and Needs Assessment completed. Outcome determined and sent to Solicitor / Claimant.
5	Closed	Cases that have been closed due to either claimant not wanting to pursue or no relevant documentation received within the 5-month timescale.

There are no breaches; all cases have been reviewed within the recommended 6-month timeframe. There are currently 21 retrospective claims on the database.

Judicial Review

The Finance and Performance Group members will be aware of the Judicial Review process that has now ended and concluded that Health Boards are required to increase costs to cover additional elements within the overall care costs.

An action plan is being developed by the National Lead for Complex Care and overseen by Chief Executive of NHS Wales and is for discussion at a future All Wales NHS Chief Executives Meeting for agreement. On receipt of the agreed implementation plan, local arrangements will be in place to assess the impact and work through the necessary actions. A joint letter from ABMU Lead Executive Director and LA Directors has been sent to providers in June 2018 informing them of the uplift and backdated payment arrangements. Care homes are in the process of being paid the backdated fees for FNC Local Authority funded placements for

2017/18. The FNC rate for 2018/19 is currently being calculated by WG finance leads.

A proposal regarding backdating deceased self-funders is currently being prepared to consider options. There are two options, the first option is for each Health Board to manage their own claims, the second option is to extend the closure date for the Powys team and have an all Wales approach. ABMU has 1,360 deceased FNC cases; AMBU HB Retrospective Claims Team has the experience to manage these claims in house.

Pooled Budget

A pooled budget between health and social care for the provision of care to older people residing in care homes needs to be in place by 6th April 2019 as required by the Social Services & Wellbeing (Wales) Act (2016). Following a period of intense work the multi-agency Pooled Fund for Care Homes Task and Finish Group have agreed a non-risk Sharing Pooled Fund arrangements under a Section 33 Agreement which is being progressed through the governance structures of the respective organisations.

The Regional Partnership Board is responsible for designing and implementing arrangements to ensure the partnership bodies work effectively together. Regional Partnership Boards are expected to develop written agreements concerning any formal partnership arrangements that involve a delegation of functions.

Key elements are:

- The pooled fund will include care and accommodation for adults who need long term care in registered residential settings because they have complex health and social care needs that require care interventions on a 24 hour basis that cannot be delivered in their own home or alternative settings.
- The pooled arrangement will apply to externally commissioned services i.e. residential, nursing and continuing health care funded beds.
- It will apply regardless of the cost of placement and will therefore include some specialist provision for example care for people who have acquired brain injury or a degenerative neurological disorder.
- It will apply for those who have physical health and social care needs as well as those who are living with dementia.
- It will cover respite, recovery and reablement for people who move directly from home into care home provision and for those moving from hospital once their hospital-based interventions are completed and they will no longer benefit clinically from hospital care.
- It will exclude the range of services commissioned for people with mental health and learning disability related needs.
- People who are residents of Swansea, Neath Port Talbot and Bridgend will be the recipients of funding from the pooled fund; this will be the case regardless of where they are placed although the usual rules of residence for FNC, CHC and LA care will apply.

Escalating Concerns

There are currently three care homes being managed under the Escalating Concerns Policy, two in Neath Port Talbot and one in Swansea. The main concern is regarding a 92 bedded dual registered home within the NPT area, there are 22 nursing and 74 residential placements.

Continuing Health Care

CHC continues to present a challenge to the Delivery Units with the prime responsibility for managing this agenda: Mental Health/Learning Disability, Primary Care and Community Services and Singleton. In November 2016 the responsibility for managing the Children's Continuing Healthcare service transferred from PC & CS to the Singleton Unit. The financial pressures remain although progress has been made in all areas in stabilising and in some cases reducing expenditure. Assurance concerning quality of service provision also remains an ongoing challenge due to the nature of many of the placements commissioned for individuals with very complex healthcare needs. Placements are geographically widespread as well as being extremely diverse in relation to the type of service provision. Sustaining sufficient clinical expertise in the HB teams to undertake pre-placement checks and ongoing reviews is essential.

Following on from the planned closure of in house mental health beds the PC&CS Directorate has seen an increase in requests for high cost placements. The Directorate are receiving an increased number of CHC applications for individuals who would have previously remained in a long-term mental health bed. These individuals are presenting with behaviour that are over and above that which can be managed in a generic EMI provision. Therefore, the only available long-term placements are high cost providers costing from 110K pa. Since March 2017, PC&CS have commissioned 13 high cost placements mostly from Cefn Coed Hospital at a cost of £1,140,863, there are a further five older adults in Cefn Coed Hospital seeking high cost placements. In addition, there are several individuals receiving 1:1 monitoring in a care home setting at a cost of 6k pw while medication is being adjusted by the community mental health teams. There is no pathway or provision to admit an individual from a care home setting to a mental health bed for a period of assessment while the care and treatment plan is being reviewed.

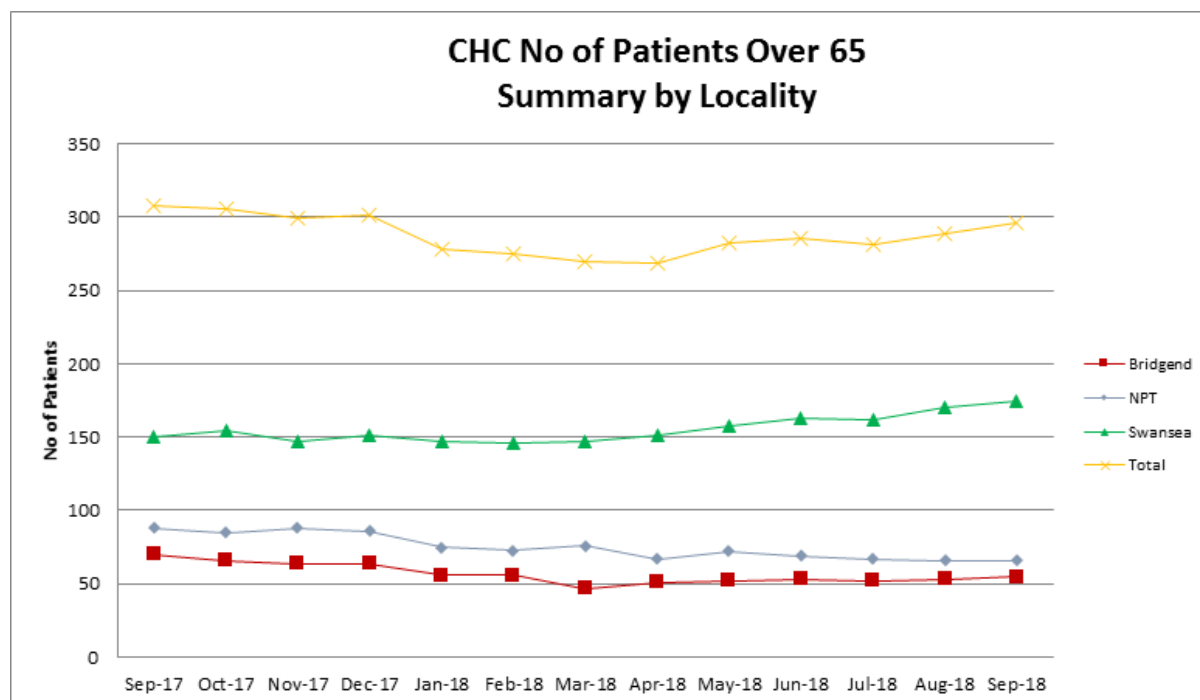
WG have undertaken their Annual CHC and Retrospective Review for 2018. A number of cases were randomly selected by the auditors. The outcome was very positive with minimal actions identified. Please see Appendix 1.

Change in ILF Benefits Bridgend CBC

The Long Term Care Team in the Bridgend area have received several requests from Local Authority to jointly fund community packages of care where the individual is having their social benefits such as ILF reviewed. The expectation is that the HB will fund any gaps in provision to sustain current packages of care. However, the Health Boards stance is that any identified health needs will be supported by core services.

Number of CHC cases

There has been an increase in the number of CHC cases in the latter part of Q2, however, this can be attributed to the minimal number of discharges from the care home setting throughout the summer months.



WG issued a revised CHC National Framework in 2014. This reflected recommendations made by both the Wales Audit Office and the Public Accounts Committee, who continue to monitor implementation, with the most recent report issued by PAC in March 2015 including a further series of recommendations.

As part of the separate CHC Performance Framework required by WG, Boards are required to receive a quarterly report on CHC, and this paper fulfils that requirement. It informs the Board of developments and current issues relevant to CHC, both nationally and locally. The CHC National Framework is currently under review, the consultation process will commence later this year, with a view to holding national workshops next spring.

4. FINANCIAL IMPLICATIONS

The downward trend in number of patients receiving general community CHC packages of care in recent years has reversed in quarter 2 and this is reflected in the CHC financial position of the Health Board:

Category	Total 2017/18 £m	Qtr 1 2018/19 £m	Qtr 2 2018/19 £m	Forecast 2018/19 £m	Forecast 2019/20 £m
MH&LD CHC	27.1	6.6	6.9	26.4	27.5
P&CS CHC	20.3	4.9	5.5	20.9	21.5
FNC	9.1	2.4	2.4	9.7	10.1
Total	56.5	13.9	14.8	57.0	59.1

Weekly rate increases were applied in quarter two in relation to 2018/19 CHC Uplift and FNC Judicial Review uplift. These were backdated to April and funded by the Health Board.

The impact of the FNC Judicial review increase is approximately £750k per year.

The impact of the 2018/19 CHC Uplift for general community packages is approximately £720k per year

There is a risk that the Health Board may be liable for potential additional backdated and ongoing costs in relation to the FNC Judicial Review. This is due to a further challenge on the historic FNC rate rebasing exercise carried out in 2014 covering calculations by Laing & Buisson. The potential impact of this is currently being worked through in order to quantify.

The 2018/19 FNC uplifts is currently being finalised with an expectation that the uplifts will be set at a level in line with the Health Board financial plan and hence will be funded in full by the Health Board.

5. RECOMMENDATION

The Committee is asked to:

- **Note** the update on the Supreme Court Judgement for FNC rates.
- **Note** the Health Board's Retrospective Claims team are able to manage the reimbursement of deceased self funders in house rather than contract out to the All Wales Powys Team, the cost for Powys to undertake this work is not known at this stage.
- **Note** the closure of the All Wales Retrospective Claims Team.