



Meeting Date	22 September 2020	Agenda Item	2.2
Report Title	Continuing NHS Healthcare Quarter 1 Report: April – June 2020		
Report Authors	Tanya Spriggs, Interim Unit Nurse Director PCS, Diane Fletcher Interim Head of Long Term Care, PCS, Claire Morgan Head of Long Term Care MHL, Nicola Lewis Head of Children’s CHC. Jeremy Lewis Deputy Business Partner.		
Report Sponsor	Christine Williams Interim Executive Director of Nursing		
Presented by	Christine Williams Interim Executive Director of Nursing		
Freedom of Information	Open		
Purpose of the Report	This report aims to provide an update on the Q1 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.		
Key Issues	<p>Management and performance of Continuing Health Care (CHC) and Funded Nursing Care (FNC).</p> <ul style="list-style-type: none"> • External Commissioning Group established to support care homes during the COVID period. • Actions taken to date in relation to the Supreme Court Judgement for future and backdated FNC rates. All Wales agreement on FNC and CHC rates for 2020-21. • Key actions and data in relation to COVID in the care home sector. • Partnership agreement to progress establishment of a Transforming Complex Care work programme. 		

Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the all Wales agreement on the FNC rate and revised local CHC rate for 2020-21. • NOTE the Health Board's Retrospective Claims team are able to manage the reimbursement of deceased self-funders in house. • NOTE the establishment of the Transforming Complex care work programme. 			

CONTINUING NHS HEALTH CARE QUARTER 1: APRIL - JUNE 2020

1. INTRODUCTION

This report aims to provide an update on the Q1 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.

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 revised CHC National Framework is currently under review. The consultation process has ended, with national workshops and implementation delayed due to COVID 19.

A multiagency External Commissioning Group has been set up to ensure care homes are supported by commissioners and receive appropriate WG and local guidance. This group reports to the multiagency Silver Group with escalation to multi-agency Gold and Health Board Gold as required.

3. GOVERNANCE AND RISK ISSUES

Retrospective Claims

The retrospective claims process for the organisation is managed through the Primary and Community Services Delivery Unit. This was 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 closed at the end of March 2019, 54 cases were returned to the Health Board for review and completion. These 54 cases had all breached while sitting with Powys, therefore, for WG and HB reporting purposes the Powys breaches will be reported separately to the HB cases where there are no breaches to date. This information is reported via the all Wales CHC Leads Group and to the WG CHC leads.

Following the onset of COVID 19, retrospective reviews have been placed on hold with staff supporting the Long Term Care Team, care homes and potential deployment to field hospitals. There are no HB breaches; all HB cases have been reviewed and completed within the recommended 6-month timeframe. There are

currently 14 retrospective claims on the database, work on these claims will be reactivated in July 2020.

Health Board Retrospective Claims Activated and Reviewed in Q1: April to June 2020

CASES	STATUS	COMMENT
5	Received	Applications received in Q1.
4	Activated	These are cases where all the relevant documentation has been received to allow activation ready for review.
4	Reviewed	These are cases that have been reviewed by the Nurse Assessor. Chronology and Needs Assessment completed. Outcome determined and sent to Solicitor / Claimant.
0	Closed	Cases that have been closed due to either claimant not wanting to pursue or no relevant documentation received within the 5-month timescale.

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 and 19.

A process regarding backdating deceased self-funders is currently being prepared by WG with input from CHC leads, the agreed process and communication methods should be available in the near future. SBUHB has approximately 350 deceased FNC self funder cases, the Retrospective Claims Team has the experience to manage these claims in house, however, to date the process has not been agreed by WG. Further meetings are planned with WG to determine the process for deceased claimants.

Pooled Budget

A pooled budget between health and social care for the provision of care to older people residing in care homes needed 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. Regional Contract work is ongoing which includes consultation with providers and Care Forum Wales. The Regional Partnership Board has been stood down since COVID so work around pooled budget is on hold. A partnership Gold and Silver meeting process is in place to oversee arrangements and actions including externally commissioned care and care homes.

Escalating Concerns

During Quarter 1, one care home in Swansea is being managed under the Escalating Concerns Policy, continued issues relating to the poor quality and leadership by nursing staff, this is being monitored with an appropriate Corrective Action Plan. One care home in NPT is being managed under the Escalating Concerns Policy, this care home has a multiagency Corrective Action Plan in place and is being supported by the HB and NPT LA. The main issues are around poor management, leadership, financial frailty and concerns related to the standards of nursing care. Currently there are 11 individuals placed in the care home, 3 Funded Nursing Care and 8 residential placements.

COVID Period

Throughout the COVID period robust monitoring mechanisms have been in place to review the status of residential and nursing care homes. A weekly report is collated by West Glamorgan Partnership. Concerns are escalated via Community Silver and updated via Health Board Gold as appropriate. Partnership working has been key to supporting the care home sector. The establishment of a Regional Externally Commissioned Care Group has been pivotal. This group has representation from all key stakeholders, including, Environmental Health, CIW and Public Health. The group has developed and coordinated all communications with the private sector. In addition, virtual support networks were established to support care home managers and owners. The sector remains at risk from a financial perspective due to the high number of vacancies across the region. The additional funding provided to LA's by WG has been distributed to the care homes according to their claims and occupancy levels. It is anticipated a further tranche of WG funding will be available to HB's in August or September. Plans are in place to gain an all wales perspective on the distribution of funding following the publication of WG guidance.

Data relating to COVID 19 in care homes: - for the period April 2020-June 2020

Swansea		Neath Port Talbot	
Residents with symptoms	203	Residents with symptoms	231
Residents tested positive	115	Residents tested positive	213
Residents deaths COVID-19	102	Residents deaths COVID-19	47
Care home Vacancies unable to access due to COVID	126	Care home Vacancies unable to access due to COVID	134

Sustainability in the Care Home Sector

Over the last few years the rising number of registrant vacancies experienced in the NHS has been mirrored in the Care Home Sector, this is not an exclusive issue for the SBUHB and is replicated across Wales.

The impact of the paucity of registrants available to the care home sector has meant on occasions that a provider who has previously offered nursing beds has had no choice but to de register those specific categories, over the last two years this has led to a reduction of 57 nursing care beds across the SBHB region.

The bed pool for nursing and dual registered care homes in SBUHB is circa 1,211. The Sector are a fundamental element of the patient flow system and to all intents and purposes they are providing what were previously deemed “long stay elderly care beds” and more usually dementia beds.

With a potential shrinking of nursing bed capacity, the impact on the hospitals from a delay perspective could be significant. In addition, individuals who are deteriorating at home may default into hospital if the capacity in the private sector diminishes.

The issue has been escalated to WG and there are plans to review this at an all Wales level under the Staffing Act. Options for stabilising the situation may mean a different approach for some care homes with regards to registrant numbers and on site availability of registered nurses.

4. FINANCIAL IMPLICATIONS

The table below shows the CHC expenditure for the Swansea Bay University Health Board (SBU HB) for 2017-18, 2018-19 and 2019-20.

Category	2017-18	2018-19	2019-20	2020-21	
	Total	Total	Total	Qtr 1	Total for the Year
	£m	£m	£m	£m	£m
MHLD	20.70	23.01	24.78	6.61	6.61
PCS CHC	15.67	17.36	20.55	5.10	5.10
PCS FNC	7.28	7.60	7.61	1.80	1.80

Singleton Paediatrics	0.76	0.83	1.00	0.29	0.29
Total	44.41	48.80	53.94	13.80	13.80

Whilst FNC expenditure remains at similar levels to 2018-19, there is an increase in expenditure across P&CS, MH&LD and Paediatrics for CHC.

This increase in expenditure is linked to:

- Increases in the FNC rate - PCS set the CHC rate at the FNC contribution plus the cost of a Residential bed in the local area.
- Increased case numbers as shown in the graphs below.
- An increase in the number of more complex cases, which need higher cost care, including child transition cases with Learning Disability.

Increased numbers of Fast Track patients whose needs cannot be met through core community services is also impacting on costs and have to be funded through Local Authority In-house Domiciliary Care Services which have a variable rate.

A decrease on CHC expenditure within PCS is evident within the final quarter of 2019-20 as a result of both the reduced number of discharges into Care Homes and an increased number of deaths within care home settings.

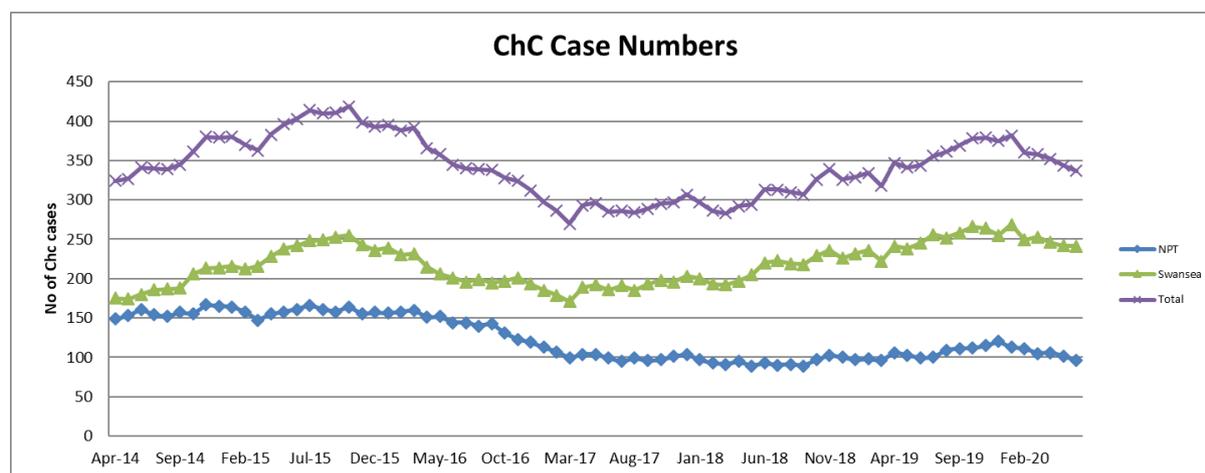
There has now been All Wales agreement to the uplift to the FNC rate in 2020-21 and a Board paper was taken to the July Executive Board where approval for the rate uplift was given.

The rates are as set out below.

Financial Year	RN component	Contenance component	HB component of FNC rate	Social care related to FNC and so funded by LA (0.385 hours)	Total FNC weekly rate (9.24 hours plus contenance component)
2014/15	£150.62	£11.00	£161.62	£6.55	£168.17
2015/16	£150.98	£11.00	£161.98	£6.56	£168.54
2016/17	£152.48	£11.00	£163.48	£6.63	£170.11
2017/18	£153.99	£11.29	£165.28	£6.70	£171.98
2018/19	£156.30	£11.57	£167.87	£6.80	£174.67
2019/20	£161.15	£11.82	£172.96	£7.01	£179.97
2020/21	£167.11	£12.02	£179.13	£7.27	£186.40

Primary Care and Community

The P&CS Unit has previously delivered savings through implementing structure and standardised processes. There is a downward trend in number of patients receiving general community CHC packages of care, however, reversed in 2018-19 with the more appropriate placement of patients with EMI needs in the community having an impact to the Health Boards overall CHC budget position.



The graph shows the reduction in case numbers and then the increase from the beginning of 2018. The increase in the number of CHC placements in total is due to increased numbers within the Swansea area; the number of CHC cases within the Neath Port Talbot area has remained more stable over the same period. The graph also illustrates the decline in CHC cases within the last quarter.

Package Cost	% of packages at each rate			
	2017-18	2018-19	2019-20	Qtr 1 2020-21
Under 1K	74.1	73.6	73.7	71.7
£1-2K	20	19.3	18.7	20.0
Over £2k	5.9	7.1	7.6	8.2

During the same period there has also been an increase in the number of high cost packages of care as a percentage of the total number of packages. These include high cost placements or packages of care for conditions such as MND/MS/Huntington Chorea and complex Mental Health needs.

5. Mental Health and Learning Disability.

There continues to be sustained growth in the CHC (commissioning) spend within the MH and LD Delivery Unit and the planned review programme of rightsizing high cost

LD packages has had to be put on hold due to COVID. This is due to the inability to visit and effectively review service users and their care settings. Interviews are due to be held for the contract officer post dedicated to MH and LD commissioning which will address the significant operational and financial risks currently associated with an absence of contracting and procurement specialist knowledge and experience. This will also support partnership working and collaboration with colleagues within the two local authority contracting services and inform service development plans.

Work remains ongoing in regards to the changes and improvement of the processes and practice in place in regards to the CHC/commissioning process from point of reference to placement and on a positive note the MH and LD Long Term Care Team now have 6 substantive Band 7 nurses in post which is adding much stability to the team and allowing a redirection of resources.

The MH and LD Delivery Unit currently fund a total of 151 MH and 212 Learning Disability independent care sector placements/packages. Welsh Government Audit requirements places an obligation on commissioners to undertake a QA commissioning review of each placement on an annual basis and that each new placement is initially reviewed within 3 months.

The increase is across both Mental Health and Learning Disability services but primarily remains within LD services demand. The impact of COVID has also seen an increase due to the need for additional and interim support due to the closure of day and respite services. Data is currently being collated to analyse and inform on trends and demand.

Review of commissioned packages

Quarter 4 has seen a decrease in the number of QA reviews completed at 26. The ability of the team to undertake reviews was significantly impacted due to long term sickness then the onset of COVID-19. However, there have been ongoing virtual and partial reviews undertaken in response to individual safeguarding and service provider concerns, e.g. escalating concerns/performance management during the COVID-19 period.

Continuing Health Care applications

A total of 3 DST's were received for scrutiny within the reporting period. Whilst there is no notable increase from previous Quarters, it is acknowledged that there a significant demand for Decision Support Tool (DST) assessments to be undertaken within the Swansea area in relation to individuals with a Learning Disability. Discussions are in place how these can be facilitated within a timely response.

A number of cases have been subject to the interagency dispute resolution process and work is planned to develop and agree a formal dispute resolution protocol with LA partners in line with the NHS CHC Framework requirements. This may benefit from a collaborative approach within the HB's CHC service areas in order to promote consistency across all areas and work has been undertaken as part of the COVID-19 interim arrangements which has identified the need to review the HB wide protocol currently in place.

Issues Relating to Commissioned Placements

During the reporting timescale there have been no significant performance issues identified within independent organisations. Due to the impact of COVID-19 visits to placements have been suspended with communication being undertaken via telephone/virtual communication methods. As part of the COVID-19 response a partnership group was set up and facilitated to respond to issues affecting externally commissioned placements which has supported communication and actions across organisations and service providers. Effective communication has been maintained with providers during this period.

One Learning Disability Residential services operated by Orbis, namely Ty Carreg (Vale) remains in 'escalating concerns' regarding issues relating to quality of care, staffing and environment issues. The Health Board are liaising with partner organisations and the provider in addressing the issues through the JIMP process and have been involved in individual service user reviews along with unannounced monitoring visits. Whilst improvements have been noted, longer term and sustained improvements are required to be demonstrated before the provider will be taken out of escalating concern.

There have also been a number of issues in relation to Supported Living service providers both within NPT and CCoS which is being managed via Performance Management measures and the MH & LD Commissioning Team are working with partner organisations and the provider to address the issues in question.

6. Children Continuing Care

- Await WG review of 2012 guidance for continuing care for children and young people consultation closed on the 9th of September 2019.
- Issues continue with LAC placement funding, several meetings undertaken between Swansea LA and SBHB Exec team.
- CCN service have begun to use digital documentation in line with Mobilisation, in the process of developing relevant documents, awaiting sign-off of the continuing care app from WCCIS. Team have been involved in its development.

7. TRANSFORMATION OF COMPLEX CARE

Following on from the opportunities outlined in the KPMG work, partners have agreed that work around complex care needs to be developed on a regional basis. West Glamorgan partnership are coordinating a programme to achieve this.

The Transforming Complex Care Programme aims to develop key processes to reset the management of complex care cases, increasing positive citizen experiences, clarity of the administration and supervision of complex cases with one process, policy and standard operating procedures across the region.

The Implementation Group comprising of heads of service, health board leads and the third sector will be holding their first meeting in September to finalise the task and finish groups and develop project plans for each group. The task and finish groups are:

- Overarching Policy and Standard Operating Procedure
- Financial Governance
- Packages in dispute
- Transition from Child to Adult Services
- Joint Commissioning
- Commissioning for Complex Needs
- Safe Accommodation for Children and Young People

This builds on the work undertaken within the Health Board, the updates against the Unit action plans are listed below

MH&LD Improvement Plan

There has been further work been undertaken on the MH CHC Action Plan with action across the following four work streams;

- Analysis of the Problem
 - Strengthening Scrutiny and Assurance
 - Cost Containment
 - Transformation
- a) Transformation Programme for Learning Disability underway based on findings and recommendations of Specialist NHS Adult Learning Disabilities Needs Analysis (2017)
 - b) Learning Disability outcome focused assessment programme for 2020/21 to help inform the development of new care models for those identified as having the potential to progress into a more independent support options and identify cost efficiency opportunities. The MH & LD CHC and LTC team are currently undertaking some joint reviews with CCoS around care pathways and efficiency reviews.
 - c) Implementation of locality scrutiny panel in additional to the joint complex case panels enabling opportunity for robust scrutiny and consideration of in house and alternate service provision.
 - d) Development of new supported living accommodation schemes for MH & LD Complex Needs in collaboration with NPT and CCoS continues to proceed for 2020 although there has been some slippage with timescales due to COVID.
 - e) Transformation Programme for Learning Disability underway based on findings and recommendations of Specialist NHS Adult Learning Disabilities Needs Analysis (2017)
 - f) Learning Disability outcome focused assessment programme for 2020/21 to help inform the development of new care models for those identified as having the potential to progress into a more independent support options and identify cost efficiency opportunities.
 - g) Implementation of locality scrutiny panel in additional to the joint complex case panels enabling opportunity for robust scrutiny and consideration of in house and alternate service provision.
 - h) Development of new supported living accommodation schemes for MH & LD Complex Needs in collaboration with NPT and CCoS commencing 2020.

PCS Financial Improvement Plan

As a reaction to sustained growth in the CHC (commissioning) spend the PCS Delivery Unit has reviewed the function of Commissioning Team scrutiny of funding applications.

- 1) Review local scrutiny panels to ensure process followed across NPT and Swansea Panels is consistent.
- 2) CHC funding panel to review all existing CHC placement costs and Home packages to ensure they are right sized to meet needs within 6 months.
- 3) Reorganise CHC team following boundary change.
- 4) Review impacts associated with early supported discharge
- 5) Containment of CHC inflation. There is inflation at 3.5% included in the Unit forecast but the starting point for agreeing uplifts with providers for 2020-21 has been set at 1.89%
- 6) Impact assess proposal for implementing Children's CHC and LAC West Glamorgan Framework.
- 7) Review NHS Wales benchmarking
- 8) Scope benefits from the NPT Digital Hub model links between ACT and Dedicated Care homes for opportunities.

8. RECOMMENDATION

Members are asked to:

- **NOTE** the all Wales agreement on the FNC rate and revised local CHC rate for 2020-21.
- **NOTE** the Health Board's Retrospective Claims team are able to manage the reimbursement of deceased self-funders in house.
- **NOTE** the establishment of the Transforming Complex care work programme.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The Health Board has a responsibility to ensure that its duty of care extends to NHS provision		
Financial Implications		
MH&LD and PCS delivery Units have identified financial risks and have implemented improvement plans.		
Legal Implications (including equality and diversity assessment)		
The Health Board is required to provide NHS funded care in line with agreed procedures. The sustainability of the independent sector, quality and governance concerns and the financial position have been identified as potential risk.		
Staffing Implications		
There are staffing issues in the private care sector which require a revised approach to ensure the sector remains positive and suitable for continued commissioning of NHS funded care.		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
---	--

The paper outlines the importance of collaborative working with the local authorities and the independent care sector to ensure it remains a positive place to work and receive care for the future.	
--	--

Report History	
-----------------------	--

Appendices	None
-------------------	------