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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Meeting Date	22 November 2022	Agenda Item	3.2
Report Title	Continuing NHS Healthcare Quarter 1 & 2 Report: April to September 2022		
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Report Sponsor	Gareth Howells Executive Director of Nursing		
Presented by	Tanya Spriggs, Group Nurse Director Primary Care & Therapies Service Group		
Freedom of Information	Open		
Purpose of the Report	This report aims to provide an update on the Quarter 1 (Q1)& Quarter 2 (Q2) activity and highlight areas of relevance to the financial and performance management relating to CHC (continuing healthcare) funded care.		
Key Issues	<ul style="list-style-type: none"> • The sustainability of the independent care sector • 10% increase to domiciliary care providers with effect from 01.04.22 • The national FNC (funded nursing care) rate to be backdated to 01.04.22 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the content of the report 		

Continuing NHS Health Care Quarters 1 & 2 April - September 2022

INTRODUCTION

This report aims to provide an update on the Q1 & Q2 activity and highlight areas of relevance to the financial and performance management relating to Continuing NHS Healthcare (CHC) funded care.

BACKGROUND

The revised National Framework for CHC was implemented on 1st April 2022.

As part of the CHC Performance Framework required by WG, Boards are required to receive a quarterly report on CHC, and this paper fulfils that requirement. Its intention is to inform the Board of developments and current issues relevant to CHC, both nationally and locally.

1: GOVERNANCE AND RISK ISSUES

Retrospective Claims

The retrospective claims process for the organisation is managed through the Primary, Community and Therapies (PCT) Service Group. 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.

All retrospective claims received within this quarter have been completed within the 6 month timescale and no Ombudsman enquiries relating to retrospective claims were received.

Escalating Concerns

During Quarters 1 & 2, one care home in Swansea (55 nursing & residential beds) closed due to numerous patient safety and quality concerns. Residents were supported to identify and re-locate to alternative care settings. On 24th May 2022 the last remaining resident (CHC) transferred to an alternative care setting and the care home remains closed.

A care home was placed into Escalating Concerns and a suspension of placements was agreed. There are also ongoing concerns regarding the financial viability of the home. District Nursing Teams and Long Term Care continue to support to this home, alongside Local Authority.

Sustainability in the Care Home Sector

Older adult care homes across the region are at risk from a financial perspective. Providers are raising financial sustainability concerns to commissioners. Such requests for financial support are generally at short notice, with one care home requesting help to enable them to pay staff at their next payroll run. Another home is unable to appoint agency workers due to agencies refusing to work for the home as the home cannot pay them within the required timescales of 28 days. Others are flagging likely financial hardship in the coming months.

WG (Welsh Government) Hardship Fund ceased on 31st March 2022. Care Homes have expressed concerns to commissioners about the current cost of living crisis and the impact this is having upon their financial sustainability.

Care home fees have significantly increased since 1st October 2021 in recognition of the increased costs of food, fuel and inflation.

Welsh government introduced the Real Living Wage (RLW) to take effect from 01.04.22. In order to meet this commitment, the Health Board has awarded care home providers an uplift of 4%.

In recognition to the pressures within the domiciliary sector, the Health Board agreed a 10% uplift in fees for all domiciliary packages of care for 2022-23 which was backdated to 01.04.22.

The FNC rate for NHS Wales for 2022/23 is proposed at £193.88 per week (previously £184.32 pw) with the intention this will be backdated to 01/04/22.

Swansea Council has recently agreed an inflation support supplement of £30 per week increase in addition to the £5 rise agreed previously, to be backdated to 1st April 2022. If the Health Board was to adopt this, the base CHC rate would increase by 4.94% to £945.88 per week, further details in Finance section.

The demand for high cost placements for individuals with complex behaviours/health needs are also increasing.

Staff recruitment remains problematic with carers leaving for jobs in different sectors, such as retail. 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 to de-register nursing services. Care Home providers may need to consider a different approach regarding on-site availability of registered nurses.

The pandemic has also impacted on care home placements as residents and families are reluctant to go into long term care and are requesting domiciliary services as an alternative. This creates further pressure on the already stretched domiciliary service.

The bed pool for nursing and dual registered care homes in SBUHB (Swansea Bay University Health Board) is circa 1,200. With the potential for a further reduction in nursing and residential home beds, the impact upon patient flow is significant.

The sector remains fragile, as care homes move in and out of 'incident status', coupled with poor staffing issues. The impact of rising costs on sustainability is a national concern.

Recent Developments

In response to the significant pressures which is limiting patient flow across our acute sites, the Transitional Bed Framework is a Health Board initiative with the intention to commission up to 100 care home beds from the independent care home sector within the Swansea Bay footprint. This is in addition to the usual Local Authority and Health Board commissioning of long term care beds. The scheme facilitates discharge from an acute hospital while the patient awaits a community package of care and support. To date over 266 patients have been transferred into these beds resulting in a saving of over 16,000 hospital bed days.

A well-known specialist provider is proposing to develop a 16 bed complex care nursing home in Neath, the likely timescales for this home to be operational is 18-24 months. The availability of intermediate cost placements for individuals with complex mental health issues is being explored, as there is a demand within the current market.

2: FINANCIAL IMPLICATIONS

The table below shows the CHC expenditure for the Swansea Bay University Health Board (SBU HB) from 2017-18, through to the current quarter.

Category	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23		
	Total £m	Total £m	Total £m	Total £m	Total £m	Qtr 1 £m	Qtr 2 £m	Total £m
MH&LD (mental health and learning disabilities)	20.70	23.01	24.78	29.98	33.20	8.24	9.15	17.39
Primary Care Services (PCS) CHC	15.67	17.36	20.55	23.97	24.63	6.18	6.53	12.72
PCS FNC	7.28	7.60	7.61	8.30	7.76	1.68	1.87	3.56
Singleton Paeds	0.76	0.83	1.00	0.96	1.15	0.35	0.45	0.80
Total	44.41	48.80	53.94	63.21	66.74	16.46	18.01	34.46

From July 2020 to March 2022, the costs for MHL and PCS CHC and FNC include payments in relation to Financial Support for Adult Care Providers in the Context of Covid-19 as directed by Welsh Government:

	2020/21 Total £m	2021/22 q1 £m	2021/22 q2 £m	2021/22 q3 £m	2021/22 q4 £m	2021/22 Total £m
MH&LD	0.63	0.20	0.20	0.15	0.05	0.60
PCS CHC / FNC	2.21	0.54	0.54	0.41	0.14	1.63
Total	2.84	0.74	0.74	0.56	0.19	2.23

In addition, the increase in expenditure is linked to:

- Increases in the FNC rate - PCT set the CHC base rate at the FNC contribution plus the cost of a Residential bed in the local area.
- In MH (mental health) there are increased cases and this includes increased expensive placements from prison.
- In LD (learning disabilities) there are a number of new expensive transition cases, transition from children's services into LD adult services.

The FNC rate is set nationally; recognising the delay in the current pay award being finalised, the rate for 2022/23 is yet to be formally agreed; however, the proposed uplift is shown below.

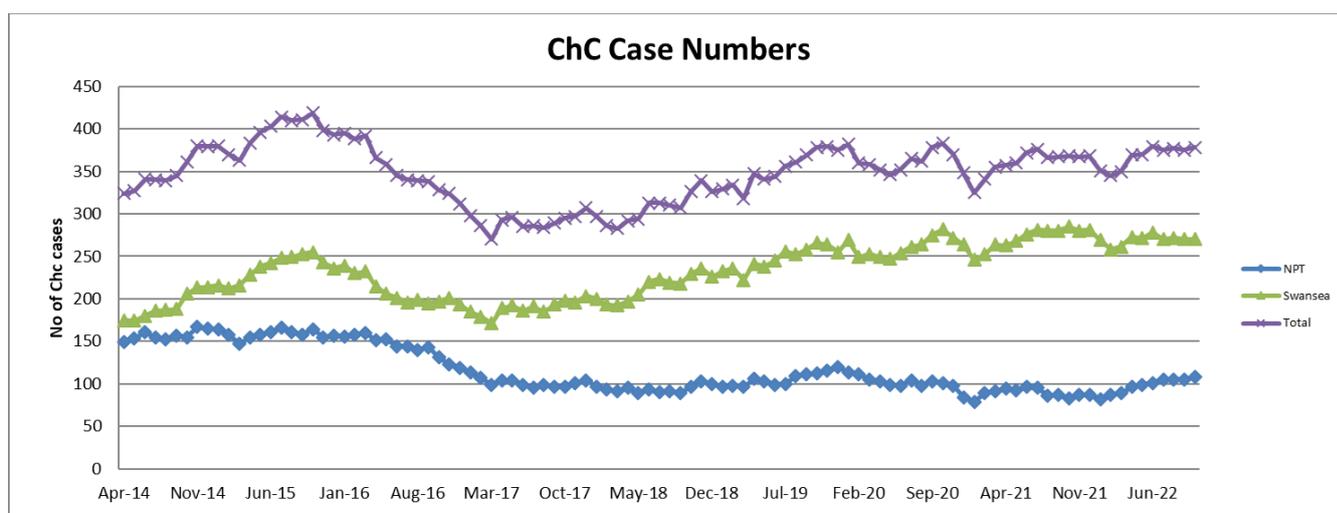
Financial Year	RN component	Continence component	HB component of FNC rate	Social care related to FNC and so funded by LA (0.385 hours)	Total FNC weekly rate (9.24 hours plus continence component)
2014/15	£150.62	£11.00	£161.62	£6.55	£168.17
2015/16	£150.98	£11.00	£161.98	£6.56	£168.54
2016/17	£152.48	£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
2021/22	£172.12	£12.20	£184.32	£7.48	£191.80
2022/23	£180.73	£13.15	£193.88	£7.86	£201.74

The Health Board have historically set the CHC base rate at the FNC contribution plus the cost of a Residential bed in the local area. Continuing this methodology results in the following rate for 2022/23.

	2019/20	2020/21	2021/22 Initial	2021/22 Oct +	2022/23
	£	£	£	£	£
Swansea Local Authority outpatient Nursing Residential rate	631	640	653	717	752
FNC rate - agreed Nationally	172.96	179.13	184.32	184.32	193.88
CHC Base Rate SBUHB	803.96	819.13	837.32	901.32	945.88

% increase		1.89	2.22	7.64	4.94
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The PCT Group has previously delivered savings through implementing structure and standardised processes. There is a downward trend in the number of patients receiving general community CHC packages of care, however, reversed in 2018-19 with the more appropriate placement of patients with EMI (elderly mentally infirm) 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 a more stable number of overall CHC cases over the last 12 months.

Package Cost	% of packages at each rate						
	2017-18	2018-19	2019-20	2020-21	2021-22	Qtr 1	Qtr 2

						2022-23	2022-23
Under 1K	74.1	73.6	73.7	69.5	67.3	65.3	61.9
£1-2K	20	19.3	18.7	20.5	20.3	20.3	21.3
Over £2k	5.9	7.1	7.6	10.0	12.4	14.4	16.8

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(motor neurone disease)/MS (multiple sclerosis)/Huntington Chorea and complex Mental Health needs.

3: MENTAL HEALTH & LEARNING DISABILITY

Review of commissioned packages

The MH and LD Delivery Unit currently have 402 CHC cases comprising 52 Mental Health and 107 Learning Disability CHC funded cases. There continues to be sustained growth in the CHC spend within the MH and LD Division and a CHC Action plan encompassing a clear and aligned financial plan has been developed to address some of these factors moving forward into 2022. The ongoing effect of the pandemic had impacted on the ability to progress some areas of work such as the review programme and the identification and subsequent of progressive care pathways for some individual cases but with the reducing of restrictions reviews have been recommenced with 28 MH reviews and 16 LD reviews undertaken during this reporting period.

Continuing Health Care applications

A total of 3 Decision Support Tool (DST) assessments were received for within the reporting period and there remains an ongoing demand for DST's to be undertaken particularly within the Swansea area in relation to individuals with a Learning Disability.

It is recognised that there is a need to work in partnership with colleagues in PC (primary)/LTC (long-term care) around the more complex LD cases where there are significant and comorbid physical health conditions, including dementia in identifying the most appropriate pathways in terms of commissioning and reviewing arrangements.

Issues Relating to Commissioned Placements

With the reducing restrictions in relation to COVID-19 on site reviews have been able to recommence and a planned programme of reviews has been scheduled in order to address the overdue reviews which accumulated as a result of the pandemic. Planned repatriation programmes into NHS in patient services for mental health and learning disability have also been able to recommence with the increased movements within both NHS and externally commissioned services which were previously impacted by COVID-19 restrictions and outbreak situations.

There have been a number of issues in relation to Learning Disability Supported Living service providers both within NPT and Swansea areas which are currently being managed via Performance Management with the relevant local authority contracting

and commissioning leads and the MH & LD Commissioning team. A contracts manager has now also been appointed within the team and will be working closely with LA colleagues in regards to any service provider related issues.

The issue of the delegation of health related interventions by social care staff in Learning Disability supported living settings in relation to the competency assessment of their staff to undertake delegated health related tasks specifically in relation to enteral feeding (PEG/JEJ) continues to be worked through and a HB wide competency and assessment framework in regards to these types of delegated tasks has now been developed, and is currently receiving consideration within the Externally Commissioned Care as to how to support the implementation of this framework with the necessary recruitment of additional staffing resource. There is a continued risk that whilst awaiting HB approval supported living providers who had initially raised this as an issues may decline to continue to undertake these types of interventions.

During the wave of the pandemic it should also be noted that the MH Division also encountered an increase on 2020/21 referrals in the demand for prison to low secure independent hospital placements. The resulting outbreaks in local secure hospitals and the need for isolation facilities also impacted on the ability to admit and discharge patients affecting the flow and availability of beds during this challenging period of time and the resulting additional financial impacts.

Despite the pandemic, significant work has been undertaken on reviewing the MH & LD CHC position and establishing “moving forward” plans. This has included an external review of the team which produced recommendations for change and improvement which have been built into the CHC Action Plan for 2021/22, along with the recruitment of additional staff into the team which has been pivotal in providing the necessary additional capacity and vigour to respond to the challenge.

Action continues across the following:

- a) Modernisation 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 2021/22 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. Including the identification and transfer of current high cost out of area placements to Hafod Y Wennol Assessment Unit to enable further assessment to be undertaken to inform progressive future pathways and achieve more independent living.
- c) The continuation of separate MH and LD Division Locality Scrutiny panels in addition to the joint Complex Case panels which enable the opportunity for a partnership approach around robust scrutiny and consideration of in house and alternate service provision. Membership of which includes the MH & LD Divisional leads, service managers, therapy and medical leads along with local authority principal officers.
- d) Development of new supported living accommodation schemes for MH & LD Complex Needs in collaboration with Local Authority partners continues to

proceed despite some slippage with timescales due to COVID. Work around establishing additional schemes for 2022/23 is also progressing in partnership with County Council of Swansea.

4: CHILDREN CONTINUING HEALTH CARE

Quarter 3 Panel CYP (children and young people)	Referral declined	New referral Cases Presented	Packages agreed	Current cases reviewed	Changes packages
April 2022	0	0	0	1	Increase in school cover
May 2022	1 await joint assessment with adult services	0	0	3	1 package increase by one night
June 2022	0	0	0	0	0
July 2022	0	0		4	2 packages increased
August 2022	0	0	0	0	0
September 2022	1	0	0	2	1 package increased 1 package decreased

- Quarter 1 and 2 continuing care packages remain at 20 in total. Number of Night hours 693 and Day care 129 hours. Daily risk assessment continues as per guidance for COVID 19, all care packages continue to be maintained, with regular contact with families to ensure safety for both families and staff. Critical staffing levels have been managed through escalation and business planning to improve and increase staffing levels. Recruitment in place for a further 7 wte (whole time equivalent) band 3 staff. Band 4 staff are progressing through the university to obtain academic qualification to meet the requirements for assistant practitioner.
- The children's continuing care services continue to receive referrals for children with mental health diagnosis and learning difficulties following the publication in 2020 of the Children & Young People Continuing Care guidance. The majority of the referral are young people aged 17years to go through transition to adult services. LD Nurse assessor role has been agreed and is presently with the recruitment process.

The Children & Young People (CYP) Division Improvement plan was developed by the service in response to the External Report into the Childrens Community Nursing Team which was approved by the Health Board in November 2021. This Improvement plan has been evolving as parents/families and staff engage with the service and contribute to ongoing improvements and developments. The review team are planning to return to review the service November 2022. Terms of reference completed and to be shared with families. Families will be offered opportunity to take part in the review giving feedback to the review team

The improvement plan has three work streams that feed into the divisional plan. These include workforce, Data Management, and Patient Engagement task and finish groups. These groups meet monthly and collaborative feedback through Division and the service group monthly. Improvement Lead and Head of Nursing are invited to give assurance of progress to the Health Board through the quality and safety committee.

Participation from wider stakeholders

The Continuing Health Care Transformation Board established with the two local authorities has a wide membership already contributing to the future development of continuing care services.

The continuing healthcare transformation programme planned a workshop in February, however there is further work needed to get to a point where a regional agreement is achieved. The division has planned with the current Health Board link person for the transformation work to look at what the next steps can be to fully implement the Wales Childrens Continuing Care Guidance. It has to be acknowledged that the regional transformation plans for Continuing Health Care is significantly more complex than just the Childrens Continuing care work stream. In the meantime, the service continues to work to the new Standard Operating Procedures developed from the national guidance and will be monitoring compliance by means of a newly developed assurance framework which will be monitored via the Division Quality & Safety forum and the NPTSSG (Neath Port Talbot and Singleton Service Group) monitoring meetings.

- **5. RECOMMENDATION**

The Committee is asked to:

- Note the content of the report.

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.		