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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	Agenda Item			5.1
Report Title	Continuing Health Care Deep Dive Data Assessment			
Report Author	Jason Crawl, Unit Nurse Director			
Report Sponsor	Gareth Howells, Executive Director of Nursing			
Presented by	Jason Crawl			
Freedom of Information	Open			
Purpose of the Report	To provide the Committee with an update on activity data used as part of the Deep Dive exercise undertaken in partnership between PCS and MHLU Unit around adult Continuing Health Care (CHC) funding.			
Key Issues	<ul style="list-style-type: none"> Both MHLU and PCS have been requested to undertake a Deep Dive exercise by the Finance and Performance Committee Demand for CHC funding has increased More complex cases are being seen by the service Increasing cost impact to CHC budget 			
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
		✓		
Recommendations	<p>The Finance and Performance Committee is recommended to:</p> <p>The Committee is recommended to:</p> <p>1. Note the findings of the report.</p>			

Continuing Health Care Deep Dive Exercise Report

1. INTRODUCTION

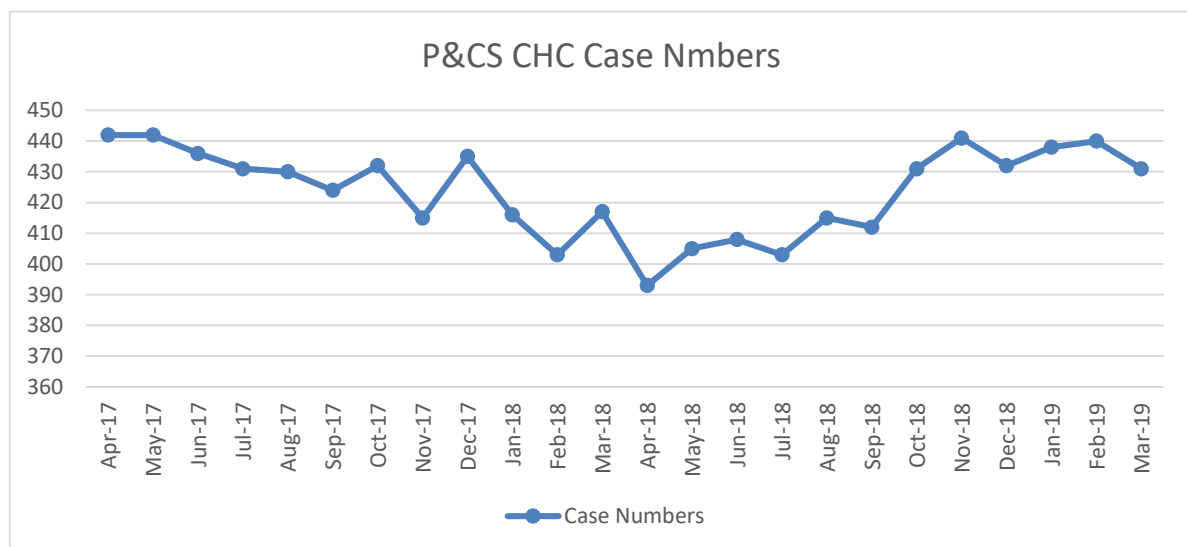
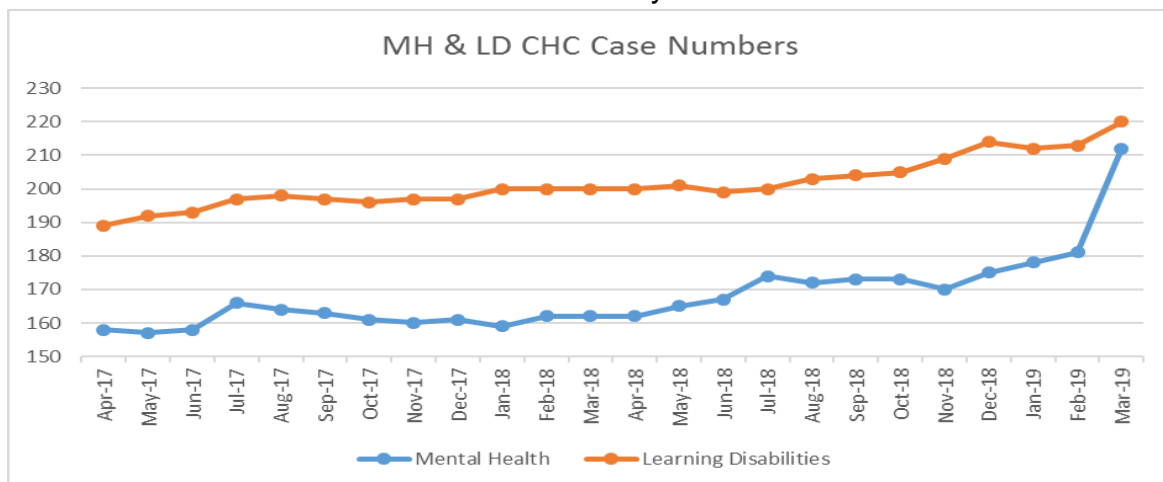
Due to the increasing cost associated with adult continuing care funding the Finance and Performance Committee have requested a review of arrangements for management of Continuing Care.

This report aims to provide an update of the findings from the 'Deep Dive' review undertaken into the provision of Adult Continuing Health Care across Mental Health and Learning Disabilities and the Primary and Community Services Delivery Units.

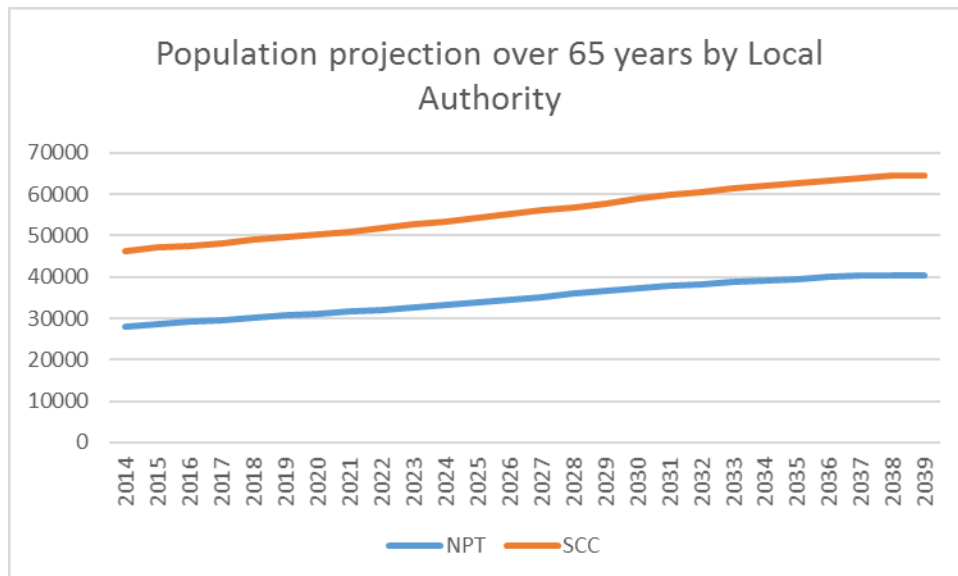
2. BACKGROUND

Number of CHC Cases

The presentation of cases and costs show two different pictures for MHL and PCS as shown in the charts below for last financial year.



The key challenge is delivering the same level of commissioned services against an increase in population demand. The population projection below outlines the challenge which appears to be impacting the demand over the last 12 months.



98% of all PCS CHC patients are over 65 years.

3. ADDITIONAL ANALYSIS AND ACTIVITY

The initial deep dive report outlined several factors which could be driving growth, namely:

- **Process changes**
- **Population growth**
- **Changes in cost due to staffing / patient complexity.**

The initial deep dive was able to demonstrate the scrutiny and validation processes it was not able to clarify the impact of growth.

The overall spend for MHLd from April 2017/2018 to March 2018/19 increased by £2.3 m and is expected to increase by a further 2.4m in 2019/20. The overall increase in spending for the same period in PCS is £1.3m and is expected to increase by a further £2.2m in 2019/20

Category	Total 2017/18 £m	Qtr 1 2018/19 £m	Qtr 2 2018/19 £m	Qtr 3 2018/19 £m	Qtr 4 2018/19 £m	Total 2018/19 £m	Forecast 2019/20 £m
MH&LD CHC	27.1	6.6	6.9	7.2	8.7	29.4	31.8
P&CS CHC	20.3	4.9	5.5	5.8	5.4	21.6	23.8
FNC	9.1	2.4	2.4	2.3	2.6	9.7	10.1
Paeds	1.2	0.3	0.3	0.3	0.3	1.2	1.2
Total	57.7	14.2	15.1	15.6	17.0	61.9	66.9

4. Primary Care and Community Services

Increased costs of cases across 2018-19 compared to 2017-18

Type of Care	Total Costs			
	2017-18	2018-19	Increase	
	£	£	£	%
Adult Palliative Care	438,833	607,115	168,282	38.35
Community Based/Home Care Support	593,941	903,830	309,889	52.18
Elderly Mentally Ill Nursing Home	4,654,933	5,074,505	419,572	9.01
Funded Nursing Care	7,073,858	7,549,916	476,058	6.73
General Nursing	9,287,115	9,537,536	250,421	2.70
Respite	326,861	310,156	-16,705	-5.11
Respite - Funded Nursing Care	89,388	86,391	-2,997	-3.35
Grand Total	22,464,929	24,069,449	1,604,520	7.14

Total costs have increased by £1.605m which is a percentage increase of 7.14%. There has been a significant increase in cost across a number of types of care but in percentage terms the greatest increases are across adult palliative care and community based and home care support.

There is a slightly different picture when just considering the growth, that is the new cases, in each year. Again there are large percentage increases in adult palliative care and community based and home care support but there extremely large growth in general nursing both in absolute value and percentage. Respite is also high in percentage terms. It should be noted that these figures are for gross growth and do not include the cost of cases that have dropped off in year. This is difficult to represent accurately during to the timing difference of when they have arisen in 2017-18 and closed in 2018-19.

Type of Care	Total Costs of Growth			
	2017-18	2018-19	Increase	
	£	£	£	%
Adult Palliative Care	277,805	477,618	199,813	71.93
Community Based/Home Care Support	172,504	280,172	107,668	62.41
Elderly Mentally Ill Nursing Home	1,136,452	1,265,099	128,646	11.32
Funded Nursing Care	1,705,085	1,892,113	187,028	10.97

General Nursing	1,185,846	2,447,370	1,261,524	106.38
Respite	190,386	285,830	95,444	50.13
Respite - Funded Nursing Care	39,347	67,444	28,097	71.41
Grand Total	4,707,425	6,715,646	2,008,221	42.66

The total cost of cases that were brought forward to 2018-19 from 2017-18 and then finished in 2018-19 is as follows;

Type of Care	Total Cost
	£
Adult Palliative Care	129,499
Community Based/Home Care Support	91,874
Elderly Mentally Ill Nursing Home	1,520,198
Funded Nursing Care	1,306,553
General Nursing	3,145,586
Respite	24,328
Respite - Funded Nursing Care	1,487
Grand Total	6,219,525

This reflects the large turnover of cases and temporary nature of a number of cases. This also makes it difficult to predict the cost of CHC in the new year in Primary Care and Community Services as there is much uncertainty over the length of time of placements.

The following costs have been included in the Unit financial forecast for 2019-20

	2019-20
	£000
Full year effect of CHC Growth from 2018-19 in 2019-20	628
CHC inflation in 2019-20 at 3%	841
Further growth in 2019-20	791
Total	2,260

5. Mental Health and Learning Disability Services

There was the following growth in the number of cases in MH&LD in 2018-19;

Type of Case	Number of Cases
Low Secure	2
Locked Rehabilitation	5
All other Mental Health	19
Total Mental Health	26
Learning Disabilities	21
Grand Total	47

There is not the same level of turnover of cases as with PCS with patients being placed for longer periods of time and not the numbers of short term packages of care.

The following costs have been recognised in the Unit Financial Forecast for 2019-20;

	Low Secure	Locked Rehabilitation	All other Mental Health	Total Mental Health	LD	Grand Total
	£000	£000	£000	£000	£000	£000
FYE of new cases from 2018-19	236	291	293	820	-185	635
CHC inflation in 2019-20 at 3%	50	91	177	318	426	744
Further growth in 2019-20	72	120	230	422	410	832
Total additional costs in 2019-20	358	502	700	1,560	651	2,211

The negative FYE figure for learning disabilities is due to charges in 2018-19 relating to previous years.

1. RECOMMENDATIONS

The Committee is recommended to:

- 1) Note the findings of the report.

Governance and Assurance										
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
			✓		✓					
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓	✓	✓	✓	✓	✓	✓			
Quality, Safety and Patient Experience										
Paper supports										
Financial Implications										
Paper provides summary, spreadsheets and outline of issues										
Legal Implications (including equality and diversity assessment)										
Paper references legal position										
Staffing Implications										
Paper identified staffing issues										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
Nil, referenced										
Report History										
Appendices		<div>1) Workshop Review and Actions</div> <div>2) MH&LD Adult Funding Process Flow Chart</div> <div>3) Primary Care & Community Services Adult Funding Process</div> <div>4) Changes to MHL D OPMHS Bed Provision</div> <div>5) Freedom of Information Request (June 2019)</div> <div>6) Financial Reports</div> <div>7) Population Statistics</div>								

