

SUMMARY REPORT		ABM University Health Board
		Date 21.03.18 Agenda No: 2f
Subject	Continuing NHS Healthcare Quarter Three: October – December 2017	
Prepared by	Jason Crawl (Unit Nurse Director) , Mike Sullivan (Locality Manager) and Eirlys Thomas (Head of Nursing)	
Approved by	Hilary Dover; David Roberts and Jan Worthing (Service Directors)	
Presented by	Angela Hopkins (Director of Nursing and Patient Experience)	

1. 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 HB 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.

This report aims to provide an update on the Q3 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.

2. Context

Continuing NHS Healthcare is a term used to describe a package of care that is fully funded by the NHS where it has been determined that the primary need for care and support is a health need. It presents a number of risks and challenges for the Health Board in ensuring that the Health Board complies with the statutory requirements and the requirements set out in the 2014 CHC National Framework. The framework is due for review during 2017 and preparatory work is taking place in Welsh Government for this.

3. Scrutiny

All submissions for CHC funded care are checked to ensure they have followed the correct procedures. The scrutiny process is was previously undertaken by 3 separate Scrutiny Panels in primary care and community services (PCCS). This has now been centralised into one CHC panel to improve consistency. There is a separate MH&LD panel for all patients under the care of Mental Health and Learning Disability services.

Children's and Looked after Children Panel is supported by PCCS.

4. The Performance Framework

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.

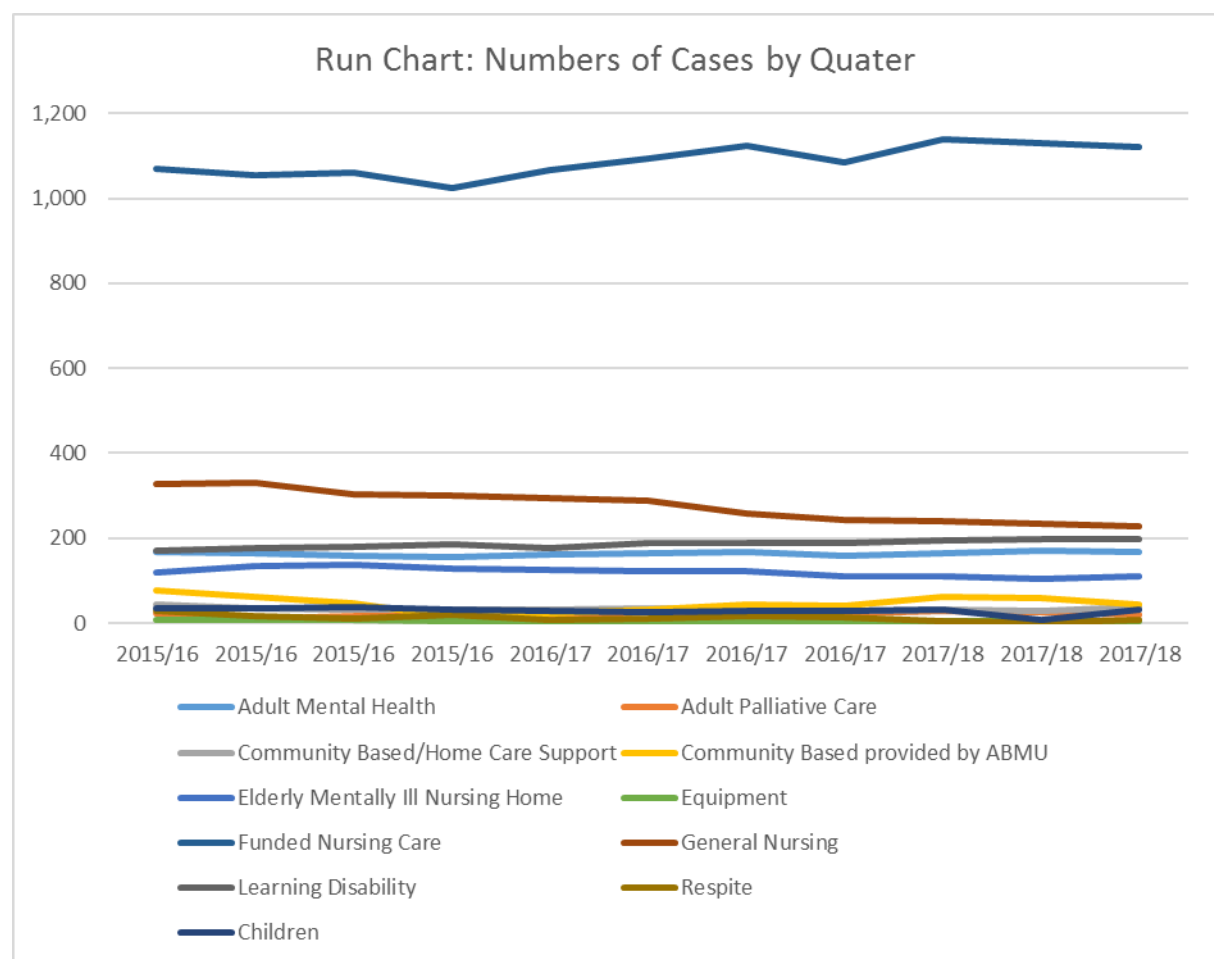
All Health Boards completed a Self-Assessment against the recommendations identified in the Older People's Commissioner (OPC) for Wales 'A Place to Call Home' report. The OPC assessed the submission completed in March 2017 as not having made sufficient progress due to lack of evidence and the Health Board and Partners are working together to submit additional evidence for re-assessment. Identified areas for additional evidence can be found in Appendix 1.

Activity and Costs

Of the top three areas, the highest number of cases are associated with FNC and these will be impacted by the recent judicial review.

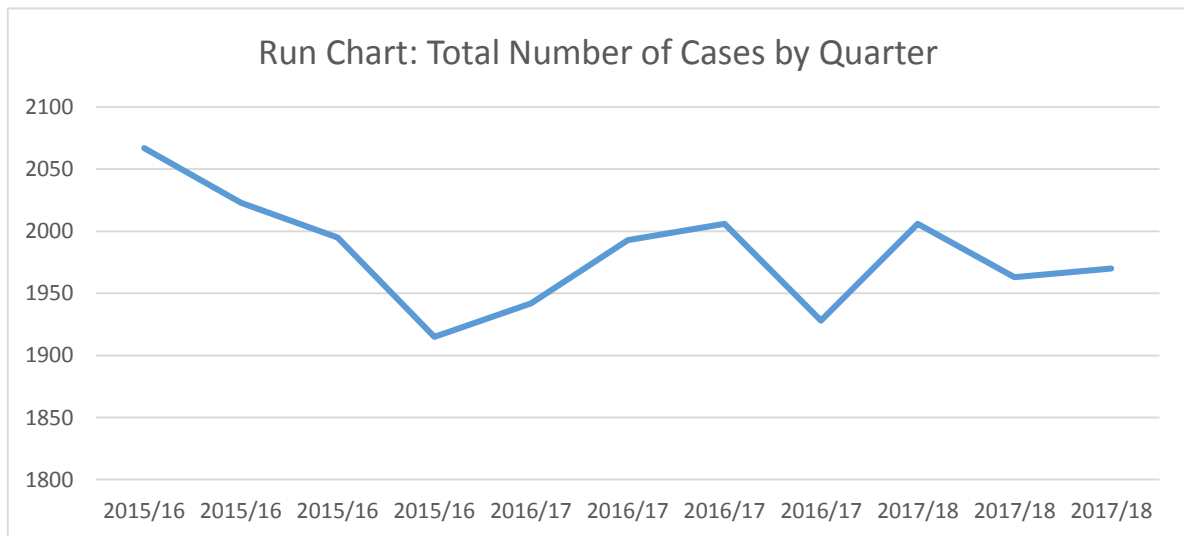
The second is General Nursing which has shown a reduction over the last 4 quarters.

The third reflects an increase of patients receiving CHC funded care who have a learning disability.

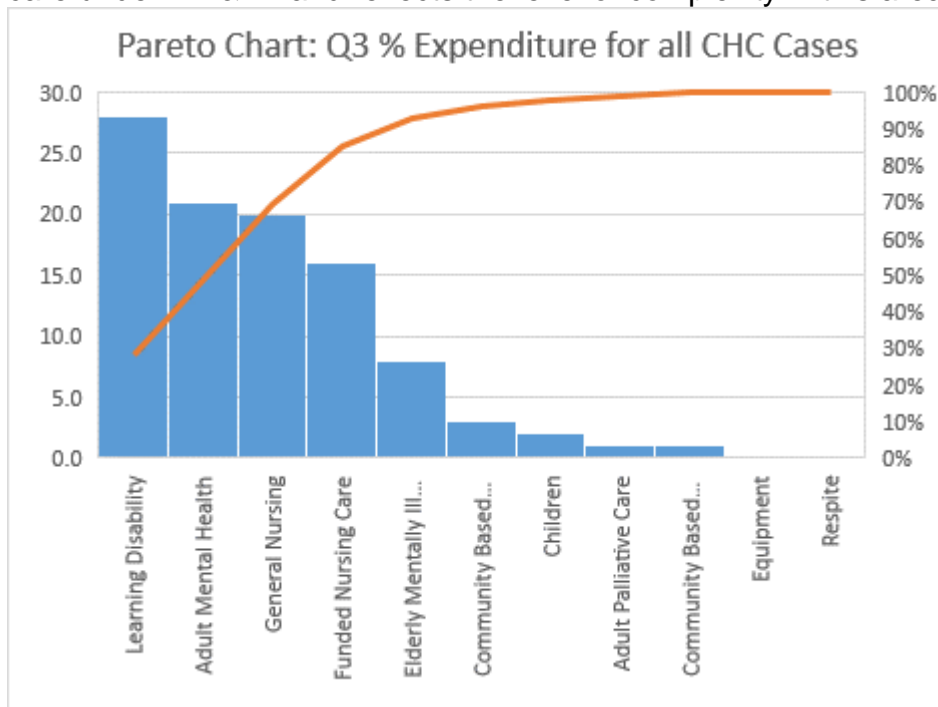


Initial work across PCCS and MH&LD in 2015/16 to tighten management of CHC procedures resulted in an initial reduction in activity which has now stabilised. It is

too early to confirm if the Q4 reduction is due to seasonal variation or random variation.



The highest percentage of service costs are associated with patients receiving CHC care under MH&LD and reflects the level of complexity in this area.



5. Governance and Accountability Framework

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.

6. Retrospective CHC 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 National Project team, based in Powys Teaching Health Board are continuing to process claims for phases 1, 2 and 3 of the project. This project will cease in December 2019, however they continue to process claims within the current phase and have plans to process outstanding claims for ABMU within this time period and progress will be closely monitored. Claims for ABMU residents for phase 3 and onwards are being processed by the team in ABMU.

Retrospective Cases September 2017 to December 2017

There are no breaches; all cases have been reviewed within the recommended timeframe.

CASES	STATUS	COMMENT
68	Received	Applications received between September 2017 and December 2017. Increased number due to last Welsh Government cut-off date of 31/10/2017.
11	Activated	These are the cases where all the relevant documentation has been received to allow activation ready for review.
12	Reviewed	These are the cases that have been reviewed by the Nurse Assessor. Chronology and Needs Assessment completed. Outcome determined and sent to Solicitor / Claimant.
9	Closed	These are the cases that have been closed due to either claimant not wanting to pursue or no relevant documentation received within the 5-month timescale.

7. Funded Nursing Care

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 increased 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 expected to be taken forwards for discussion at a future All Wales NHS Chief Executives Meeting for agreement. On receipt of the agreed implementation plan, local arrangements will be put into place to assess the impact and work through the necessary actions.

8. Pooled Budgets for Care Homes

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 2018 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 are 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

9. Local Issues and Risks

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 that are 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 UHB teams to undertake pre-placement checks and ongoing reviews is essential.

CHC and FNC uplifts have been agreed for 2017/18. A series of briefings on issues in Mental Health and Learning Disability services is attached at **appendix 1**. A briefing on issues in Childrens Services is attached at **appendix 2**. The current financial situation is set out in **appendix 3**.

10. Conclusion

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.

11. Recommendation:

The Committee is asked to:

- **Note** the briefing related to the Pooled Budget for Care Homes;
- **Note** the OPC Self Assessment Required Actions;
- **Note** the national and local issues identified in this report and its appendices;
- **Note** the current position of the health board on the processing of retrospective claims.

Appendix 1

OPC Self-Assessment Required Actions

Standard	Requirement	Assessment
1.3	Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.	Insufficient
2.2	Older people in care homes have access to specialist services, and where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill-health.	Borderline
3.5	Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets for Dementia.	Insufficient
4.4	Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.	Sufficient
6.2	Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people through listening to them directly (outside of formal complaints) and ensuring the issue they raise are acted upon. Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement.	Insufficient
6.8	Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements: <ul style="list-style-type: none"> • Number of falls • Access to falls prevention Support to maintain sight and hearing	Insufficient
7.3	The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.	Insufficient

Appendix 2: Mental Health and Learning Disabilities CHC and Funded Care Briefing

<p>Situation:</p>	<p>MH&LD Delivery Unit has responsibility for all CHC and other funded care for adults in secondary level mental health and learning disability services. The exceptions to this are those patients with acquired brain injury and/or early onset dementia. These patients' care is funded by PCCS Delivery Unit.</p> <p>MH&LD Delivery Unit currently funds:</p> <ul style="list-style-type: none"> • 186 LD service users • 169 MH service users <p>This constitutes growth in care packages from baseline of:</p> <ul style="list-style-type: none"> • <5 cases in LD • 12 cases in MH <p>Current financial growth from baseline is projected as £1,497,000</p> <ul style="list-style-type: none"> • £674,000 in MH • £823,000 in LD
<p>Background:</p>	<p>Key actions taken by the MH &LD Delivery Unit in the 2017/18 financial year in relation to commissioning of independent sector funded packages of care.</p> <ul style="list-style-type: none"> • Substantive appointments of Specialised Case Managers (4wte) and Service Manager for Commissioning • Review of all Section 117MHA service users with funded care 100% funded by Health Board. These were exceptions to the standing arrangements with co-terminus Local Authorities where all S117 eligible service users are subject to joint funding. This was done with a view to commencing joint funding for these cases • Develop a funding matrix, co-ordinated by Western Bay and in partnership with Local Authorities to apportion funding responsibilities for joint funded cases. • In partnership with Local Authorities commission Alder Advice to compile an Unmet Needs in Mental Health report. Coordinated by Western Bay • Prepare an evaluation report of the Closer to Home LD supported living project • In response to internal Audit, all service users in funded care to be subject to an annual quality assurance placement review. • Join the IHSSSCP All Wales framework's quality assurance mechanisms for funded care placements for non-hospital residential settings. • To develop a contracting and procurement framework for cases that are entirely funded by health (ABMU) that are not included on the All Wales Framework and 100% health funded RSL care packages. This will utilise detail included in the Western Bay Brokerage system and the All Wales Framework.
<p>Assessment:</p>	<ul style="list-style-type: none"> • Ongoing negotiations with Local Authority Directors of Social Services regarding S117 joint funding. Local authorities have been invited to review Health Board records to help to clarify the position. • Joint funding matrix has been subject to testing by clinicians involved in actual cases being submitted for joint funding, the tool is currently being

	<p>validated by Swansea University prior to completion of a Western Bay evaluation report</p> <ul style="list-style-type: none"> • MH&LD Delivery Unit held a CHC workshop on 8th December 2017 to review current cost pressures, explore savings schemes for 2018/19 and consider key reports such as Unmet Needs and Closer to Home reports • All service users in funded care have been subject to a quality assurance placement review and the outcomes shared with stakeholders. • Complete financial modelling exercises with a view to joining IHSSSCP framework in its entirety, i.e. financial framework • Alder Advice report on Unmet Need in Mental Health presented to MH&LD management team and Local Authority partners on 8th March 2018.
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Appendix 3

Childrens Services CHC and Funded Care Briefing

Report written by	Nicola Lewis/Eirlys Thomas
DATE	15.3.2018
DELIVERY UNIT	Singleton

TITLE OF REPORT- Children and Young People Continuing care Quarterly update

SITUATION / PURPOSE OF REPORT

The purpose of this report is up date ABMU on Children and Young People Continuing Care.

BACKGROUND / INTRODUCTION

The Welsh Assembly Government provided Guidance for assessing Continuing Care for Children and Young People (2012). This gives Community Children's Nursing services a structured framework to follow when accepting new referrals for Continuing care and when reviewing existing care packages.

ASSESSMENT

There are 20 care packages across ABMU.

All of which require an annual update of eligibility for continuing care and appropriateness of the care provided by the Multi disciplinary Team. This is broken down as follows ;

- Swansea Locality = 10, <5 young persons are in the process of transitioning into adult services.
- Neath Port Talbot Locality = 5 , <5 young persons have commenced the transition process.
- Bridgend = 5 , <5 young persons have commenced the transition process,
- Total cost of children and young people continuing care for this quarter (taken from spread sheet) = £307,254

There has been an increasing amount of referrals being submitted by Swansea Local Authority for children and young people who are currently in receipt of residential placements for consideration for assessment under continuing care , the rationale cited is for health to contribute towards these packages. In collaboration with Swansea Local Authority a pilot project was set up to try and streamline

referrals and ensure an audit trail was identified for these cases. It was identified that the referral will come to the LAC CNS for them to scope health need and present case at the Adult CHC panel.

Unfortunately, there has been a delay in the transition process for <5 young persons within the Swansea Locality due to a number of exceptional circumstances.

A pilot has begun for the Interim Senior Matron/Head of Nursing to attend the Stable Life panel as part of the Decision making Process and as a senior health representative.

RECOMMENDATIONS / RISKS

This guidance is an essential tool in ensuring that all children and young people are assessed for continuing care using an equitable process.

Head of Nursing and Interim Senior matron have arranged to meet with Jonathan Williams (WG Lead for Children and Young People Continuing care) date to be arranged to highlight issues and variance of interpretation of the guidance that health and social care colleagues have.

Head of Nursing and Interim Senior Matron are involved in both the Western Bay and Welsh Government review of commissioning care for children and young people with complex needs.

Interim Senior Matron is meeting with Jonathan Williams (WG Lead for Children and Young People Continuing care) with Children and Young People's Continuing Care Leads across Wales to review the Children's guidance on 21.3.2018. the aim is for the revised document to be completed by March 2019.

MDT training arranged for the next 6 months as an update.