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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	19th March 2019	Agenda Item	4.2
Report Title	Continuing NHS Healthcare Quarter 3 Report: October – December 2018		
Report Author	Jason Crowl (Unit Nurse Director), Diane Fletcher (Head of Long Term Care)		
Report Sponsor	Gareth Howells, Executive Nurse Director		
Presented by	Jason Crowl, Unit Nurse Director		
Freedom of Information	Open		
Purpose of the Report	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.		
	<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>Scoping of community packages for children in preparation for the Bridgend boundary change.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	Members are asked to:		

	<ul style="list-style-type: none">• Note the update on the Supreme Court Judgement for FNC rates• Note the impact resulting from the closure of the Powys All Wales Retrospective Review Team in March 2019.• Note the impact of the closure of mental beds on PC&CS.• Note the scope of children's packages in preparation for the Bridgend boundary change.• WG review of the 2012 Continuing Care Guidance for children and young people.• Note issues in relation to LAC funding.• Note the change in commissioning arrangements for MH&LD.
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Continuing NHS Health Care Quarter 3: October - December 2018

1. INTRODUCTION

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. 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 CHC National Framework is currently under review, the consultation process will commence later this year, with a view to holding national workshops next spring.

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.

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 will be closing in March 2019, however, approximately 70 cases

will be returning to the Health Board for review and completion. The closure plan is being closely monitored.

Health Board Retrospective Claims Activated and Reviewed in Q3: October to December 2018

CASES	STATUS	COMMENT
13	Received	Applications received in Q3.
8	Activated	These are cases where all the relevant documentation has been received to allow activation ready for review.
10	Reviewed	These are cases that have been reviewed by the Nurse Assessor. Chronology and Needs Assessment completed. Outcome determined and sent to Solicitor / Claimant.
1	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 and completed within the recommended 6-month timeframe. There are currently 23 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.

Escalating Concerns

During Quarter 3 one care home in Neath Port Talbot was being managed under the Escalating Concerns Policy. The main concern was regarding a 92 bedded dual registered home within the NPT area, there are 22 nursing and 74 residential placements. As of February 2019 all restrictions have been lifted, the care home is out of Escalating Concerns, however, continued monitoring will take place.

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

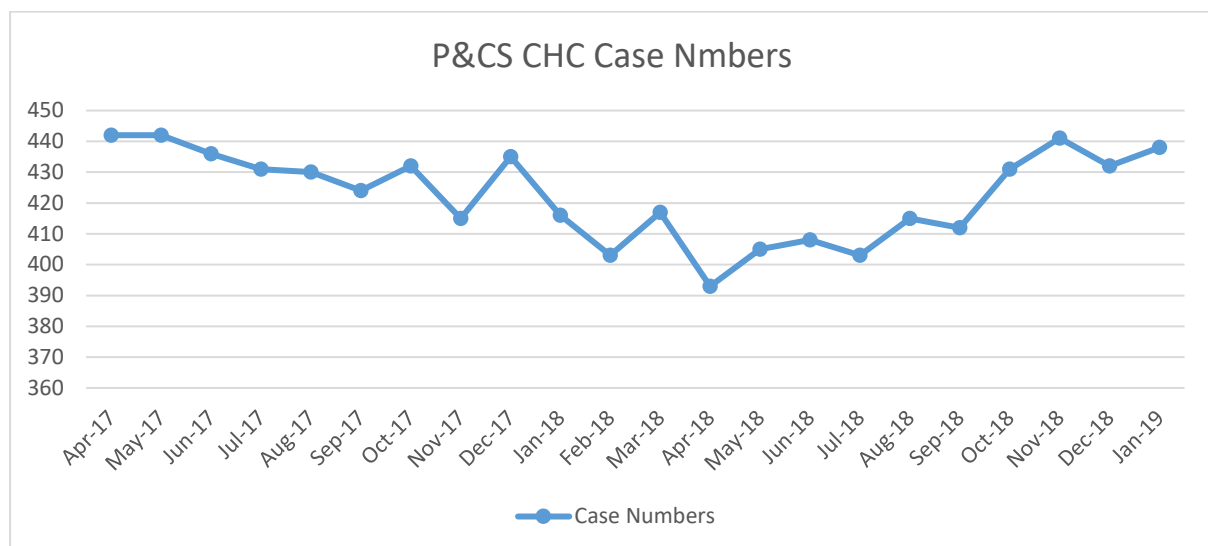
presenting with behaviour that are over and above that which can be managed in a generic EMI provision. Therefore, the only available long-term placements are high cost providers costing from 110K pa. Since March 2017, PC&CS have commissioned 13 high cost placements mostly from Cefn Coed Hospital at 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.

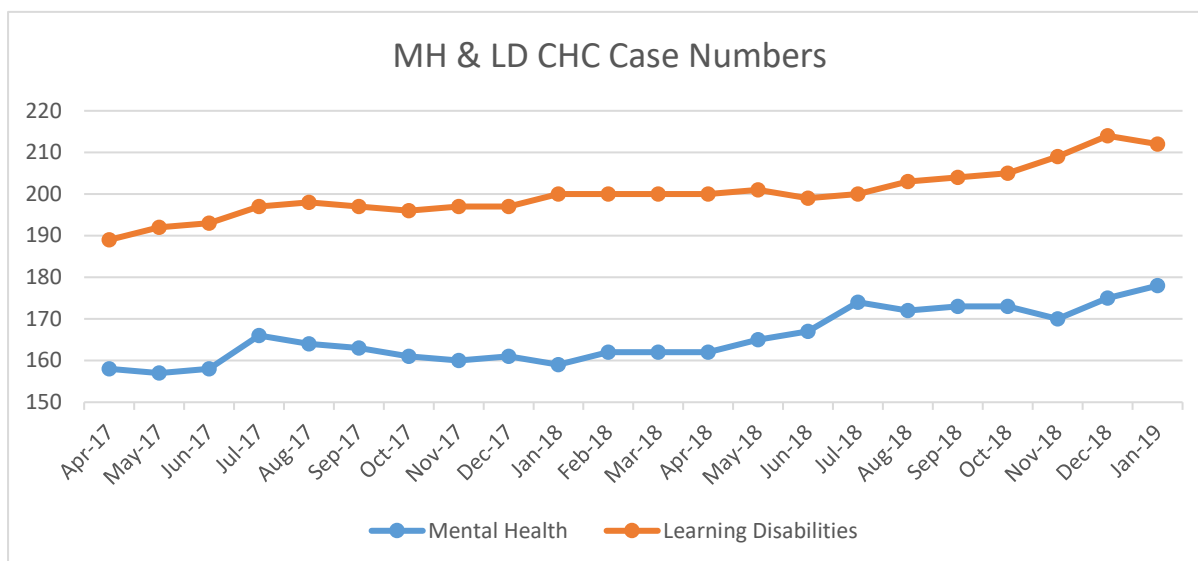
Change in ILF Benefits Bridgend CBC

The Long Term Care Team in the Bridgend area have received several requests from Local Authority to jointly fund community packages of care where an 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 Q3, however, this can be attributed to several factors. The minimal number of discharges from the care home setting throughout the summer months, improved in reach services to care homes and public health initiatives such as the flu campaign. The work being undertaken in relation to the prevention of falls has also made an impact. These influencing factors are reflected in the minimal number of care home vacancies across the region.





4. FINANCIAL IMPLICATIONS

The downward trend in number of patients receiving general community CHC packages of care in recent years has reversed in 2018/19 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	Qtr 3 2018/19 £m	Forecast 2018/19 £m	Forecast 2019/20 £m
MH&LD CHC	27.1	6.6	6.9	7.2	28.1	29.8
P&CS CHC	20.3	4.9	5.5	5.8	21.7	23.8
FNC	9.1	2.4	2.4	1.6	9.4	9.7
Paeds	1.2	0.3	0.3	0.3	1.2	1.2
Total	57.7	14.2	15.1	14.9	60.4	64.5

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

The impact of the increase in CHC case numbers in both MH & LD and P&CS can be seen in the 2018/19 forecast and the 2019/20 forecast. Many of these increased cases only have a part year effect in 2018/19 so even without any further increases in case numbers there is a significant increase in cost expected next year from the full year effect of current year case increases.

The Health Board is liable for 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. This along with the agreed 2018/19 inflationary uplift results in an additional increase in the FNC rate of £3.61 per package per week. This will be actioned in quarter four.

5. Mental health and Learning Disability.

As a reaction to sustained growth in the CHC (commissioning) spend the MH&LD Delivery Unit has reviewed the function of Commissioning Team scrutiny of funding applications. As of December 2018 the responsibility has been devolved to Locality Teams.

The Locality based Scrutiny Panels have been introduced to:-

- Consider local alternatives to high cost funded care packages.
- Enhance quality of funding applications.
- To influence and support repatriation of individuals from Independent Hospital provision, both within and outside of Wales.
- Allow the MH&LD Commissioning Team to refocus time and resource on quality assurance reviews of patients in funded care.

As a consequence monthly Locality Complex Case Panels have been introduced and preparations are underway to disaggregate CHC budgets accordingly.

A monthly MH&LD Governance group for CHC/Commissioning chaired by the Service Director is being set up to have enhanced oversight over operation and expenditure.

As a result of the boundary changes the MH&LD Commissioning Team will be reduced by two full time Case managers who will transfer over to Cwn Taf Heath Board in April 2019.

6. 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.
- **Note** the change in commissioning arrangements for MH&LD.