



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Meeting Date	23 February 2023	Agenda Item	3.2
Report Title	Continuing NHS Healthcare Quarter 3 Report: October to December 2022		
Report Authors	Tanya Spriggs, Group Nurse Director PCTG, Julia McCarthy Head of Long Term Care, PCTG, Jeremy Lewis Deputy Finance Business Partner, Peter Collier Commissioning Team MHL, Vicki Burrige Head of Nursing, Children and Young People.		
Report Sponsor	Gareth Howells Executive Director of Nursing		
Presented by	Amanda Davies, Interim Manager Long Term Care, Nursing		
Freedom of Information	Open		
Purpose of the Report	This report aims to provide an update on the Q3 (quarter three) 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 • The national FNC (funded nursing care) rate to be backdated to 01.04.22 • Implementation of regional Step up/Step down beds 		
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 Quarter 3 October - December 2022

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.

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 Delivery 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 Quarter 3, a residential home in NPT (Neath Port Talbot) remained in Escalating Concerns with a formal suspension of placements. Concerns were raised due to standards of care, staffing levels, IP&C (infection prevention and control) concerns. There are also ongoing concerns regarding the financial viability of this home. District Nursing Teams continue to support this home, alongside Local Authority. The home has recently been sold, the new ownership is due to commence mid February 2023.

A further nursing home within NPT was placed into Escalating Concerns in December 2022 with a formal suspension of placements. Concerns were raised over staffing levels, pressure ulcer care, poor food hygiene rating, IP&C concerns and lack of management oversight. A Corrective Action Plan is in place and Long Term Care are working alongside Local Authority to support the home.

Sustainability in the Care Home Sector

Older adult care homes across the region remain at risk from a financial perspective. Care Home providers 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, however, providers remain dissatisfied with our fee rates, as a region. Consequently, Swansea Local Authority & providers have recently reviewed the methodology used to calculate fee rates, and the outcome of this work is imminent, although a further increase in fees is likely to be announced by Swansea Local Authority.

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.

The FNC rate for NHS Wales for 2022/23 was agreed at £193.88 per week (previously £184.32 pw (per week)) which will be backdated to 01/04/22 (further detail below in Finance Section)

The demand for high cost placements for individuals with complex behaviours/health needs are also increasing. Coupled with the increasing ageing population, there will be further demand for care and support services including a range of housing options. The complexity of needs will also continue to grow as the number of people living with dementia and multiple co-morbidities increases. A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the market delivering that at sufficient pace or scale.

Recruitment and retention of staff is a key challenge across social care and is severely impacting both domiciliary and residential care. Care Home providers may need to consider a different approach regarding on-site availability of registered nurses. NHS pay awards will also affect the independent sector as providers compete with the NHS for nurses on higher wages and better terms and conditions.

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 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

The Transitional Bed scheme was a response to the winter pressures and the consequences of the pandemic in 2021. In April 2022 the Health Board determined the initiative so vital to patient flow that it agreed to fund the scheme independently

until the end of November 2022. However, there continues to be issues with flow due to capacity with the domiciliary care market.

It was agreed that regional funding would be put towards a new model of step up/step down care to provide additional capacity within the community as well as for hospital discharge. The new model places greater emphasis on reablement programmes, maintenance plans and recovery support to avoid deconditioning. This model was operationalised from 1st December

The new regional step up/step down project is due to end on the 31st March 2023. It is anticipated that there will continue to be a requirement for these beds to enable step down from hospital and step up from the community beyond this date, due to the social care market continuing to be in difficulty. Discussions regarding ongoing funding is underway.

To date 320 patients have been transferred into these beds resulting in a saving of over 19,808 hospital bed days.

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	Qtr 3 £m	Total £m
MHLD	20.70	23.01	24.78	29.98	33.20	8.24	9.15	9.06	26.45
PCS CHC	15.67	17.36	20.55	23.97	24.63	6.18	6.53	7.32	20.03
PCS FNC	7.28	7.60	7.61	8.30	7.76	1.68	1.87	2.23	5.79
Singleton Paeds	0.76	0.83	1.00	0.96	1.15	0.35	0.45	0.41	1.21
Total	44.41	48.80	53.94	63.21	66.74	16.46	18.01	19.02	53.48

From July 2020 to March 2022, the costs for MHLD (mental health and learning disabilities) and PCS (primary care services) 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 (primary, care and therapies) 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 and the rate for 2022/23 has recently been agreed; as shown below.

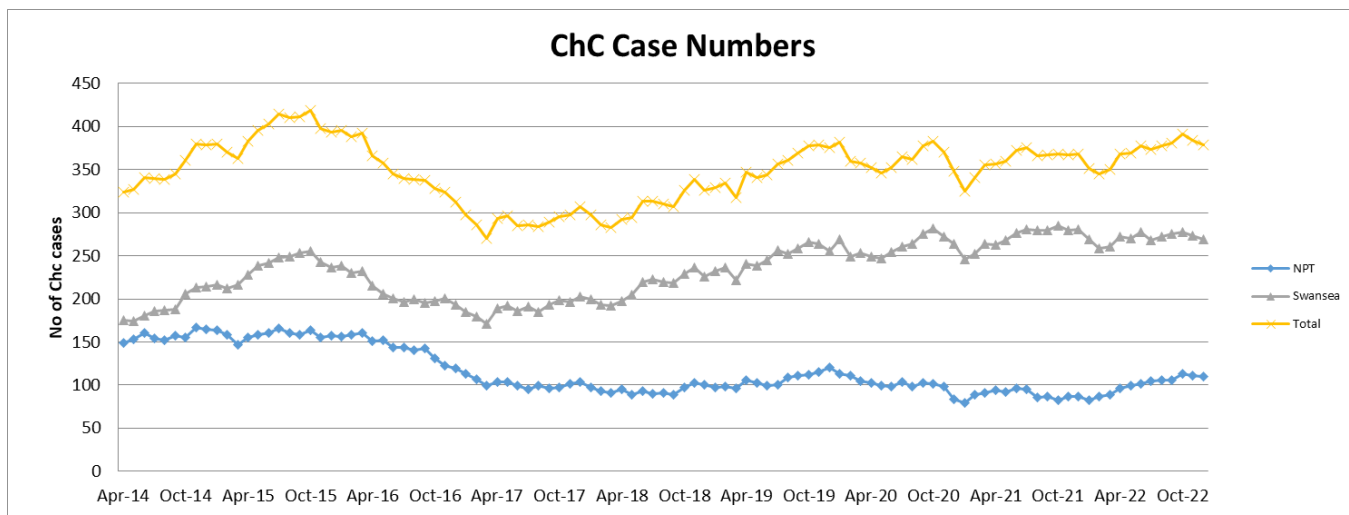
Financial Year	RN component	Continence component	HB component of FNC rate	Social care related to FNC and so funded by LA (0.385 hours)	Total FNC weekly rate (9.24 hours plus continence component)
2014/15	£150.62	£11.00	£161.62	£6.55	£168.17
2015/16	£150.98	£11.00	£161.98	£6.56	£168.54
2016/17	£152.48	£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 LA OP Nursing Res 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
------------	--	------	------	------	------

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 individuals with dementia care 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	Qtr 3
						2022-23	2022-23	2022-23
Under 1K	74.1	73.6	73.7	69.5	67.3	65.3	61.9	59.4
£1-2K	20	19.3	18.7	20.5	20.3	20.3	21.3	22.9
Over £2k	5.9	7.1	7.6	10.0	12.4	14.4	16.8	17.7

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 429 funded CHC cases comprising 47 Mental Health and 116 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. 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 20 MH reviews and 27 LD reviews undertaken during this reporting period.

Continuing Health Care applications

A total of 9 DST's were received for within the reporting period and there remains an ongoing demand for Decision Support Tool (DST) assessments 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/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

There have been several 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 (local authority) colleagues regarding 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.

Currently the Commissioning team for MH and LD are spending a considerable amount of time in dealing with quality issues in respect of CHC / DST submissions and the subsequent fallout of this is ever increasing requests for the implementation of the disputes process. Despite a relatively new local Policy on the disputes process, the guidelines contained in this policy are not being followed and adhered to which is resulting in delays in processing CHC applications and resolving disagreements and disputes. It is hoped that progress will be made in resolving these issues when a new disputes and joint working protocol is completed.

Currently the Commissioning team for MH and LD are spending a considerable amount of time in dealing with quality issues in respect of CHC / DST submissions and the subsequent fallout of this is ever increasing requests for the implementation of the disputes process. Despite a relatively new local Policy on the disputes process, the guidelines contained in this policy are not been followed and adhered to which is resulting in delays in processing CHC applications and resolving disagreements and disputes. It is hoped that progress will be made in resolving these issues when a new disputes and joint working protocol is completed.

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	Referral declined	New referral Cases Presente d	Packages agreed	Current cases reviewed	Changes packages
October 2022	2	0	0	1 1x commission	Decrease in package to be delayed until February 2023

				ed stay in Ty Hafan	
November 2022	0	0	3 increase in packages	3	1
December 2022	Panel cancelled				

- Quarter 3 continuing care packages remain at 20 in total.
- Number of Night hours 729 and Day care 149 hours an increase due to manual handling at night and increase in attendance to school.
- Collaborative working with LD / MH and PCT to review all cases presented by LA for joint funding.

Since the last report to there has been significant progress made, largely due to the confirmation of financial investment into the service. This has enabled the service to progress recruitment of additional workforce requirements that have been identified as essential for effective service delivery. The funding will be made available as posts are recruited to.

Since the review into the Community Children service the Children and Young People (CYP) Division has implemented a new support and reporting structure for the community team ensuring key performance monitoring is integrated into the wider children's services. The Division has developed a Continuing Care assurance audit framework to monitor compliance with the Children and Young People's Continuing Care Guidance (WG 2020) which was ratified in May 2022. The assurance audit has been registered and logged in the Health Board Audit Plan. This gives assurance around compliance with the All wales Continuing Care Guidance any exceptions are escalated through the CYP Quality and Safety forum. Following the publication of the external review report in October 2021, it was agreed there would be a 'follow up' review of the service a year after the report had been published. The terms of reference for the follow up review have been agreed by the Health Board (appendix 3). The Executive Director of Nursing & Patient Experience has written to the families whose children are receiving continuing care advising them of the planned follow up review and inviting them to re-meet with the reviewers.

Workforce Investment and Improvements The CYP Division Task and Finish Group continue to oversee the actions relating to workforce requirements, organisational development programmes and ongoing support for the nursing team.

The workforce plan has been completed detailing the Nursing requirement for Childrens Services.

A standard operating procedure (SOP) for 'out of hours' working for the HCSWs (healthcare support workers) has been completed and partially implemented. The final implementation required resources for registered community nurse available until

midnight to support the HCSWs has now been supported and will be advertised shortly.

The Division has successfully developed a Band 4 Job description with core training and competencies. The first appointments have been made into these new training posts with staff progressing through the academic programme in Swansea University. This is an excellent achievement and will ensure there is a career path for HCSWs who work in the Childrens community nursing service. This will result in highly trained HCSWs being trained and developed to extend their roles to support the needs of children in the community.

Additional work to support care packages

A Nurse Bank Pool has been established with the successful recruitment of 7 x Band 3 HCSWs - three have completed the necessary training and competencies to be able to deliver care plans and four are progressing through training and competency assessment. This will release substantive staff.

- **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.		