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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	28th January 2020	Agenda Item	5.1
Report Title	Continuing NHS Care Update		
Report Author	Dorothy Edwards, Deputy Director – Transformation		
Report Sponsor	Gareth Howells, Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	To provide an update on Continuing NHS Care following the 'deep dive' presented to the Performance and Finance Committee in 2019.		
Key Issues	<p>Expenditure on Continuing NHS Care is running above budget levels driven by increases in demand and growth in specific areas.</p> <p>A detailed action plan is in place within Primary & Community Services Unit, Mental Health and Learning Disability Unit and covering children's services managed by the Singleton Delivery Unit.</p> <p>A number of actions were agreed through the Delivery Support Team during October 2019, and further work has also been undertaken by KPMG as part of their overall financial delivery support commissioned by Welsh Government. A Charter has been produced summarising further actions that the Health Board should take to further strengthen its governance and management of CHC.</p> <p>Prior to the recent work undertaken by the DST and KPMG, a number of issues had been raised by Local Authority colleagues about the arrangements for meeting health needs of children with complex needs. A detailed piece of work has been undertaken led by the Deputy Director of Nursing and colleagues in the Strategy Department to consider options. As a result, the Executive Team have agreed to support an option to address a number of invoices in the system and to work jointly with partners to take forward a number of themes and actions arising from a deep dive into children's complex care cases.</p>		

	<p>The methodology will also be used to consider a range of other issues in Mental Health and Learning Disabilities and this will be completed by the end of March. The learning from this, together with other actions including a review of all of the Unit based action plans, will be used to scope out the next phase of work as set out below.</p> <p>Finally, as a result of the KPMG assessment and discussions on a range of partnership issues, it is proposed to formally establish a CHC High Value Opportunity work programme in 2020/21 which will replace the High Cost Panel. It is proposed that this is led by the Director of Nursing & Patient Experience.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			•	
Recommendations	<p>Performance & Finance Committee are requested to:</p> <ul style="list-style-type: none"> • Note actions underway since the Committee received the 'deep dive' report • Note the actions proposed by KPMG to strengthen the management of CHC governance and identify opportunities • Note the recent agreement to resolve outstanding joint funding issues around children • Note the proposal to formally take forward the KPMG recommendations and local priorities as a High Value Opportunity area in 2020/21. 			

Continuing NHS Care Update

1. INTRODUCTION

This paper provides an update on further actions underway to support the Board in managing projected overspends on Continuing NHS Care (CHC).

2. BACKGROUND

Performance and Finance Committee (PFC) receive a quarterly update on Continuing NHS Care as required under the national CHC framework and accountability arrangements. In addition, two 'deep dive' reports were considered by the Committee in July and September 2019. These set out issues and actions being driven forward by the P&CS Unit to manage growth in demand in CHC expenditure.

Following a request for financial recovery plans in July 2019, the Delivery Support Team were asked to provide some strategic support in helping the delivery units review their CHC expenditure and considering further actions. A further report was provided in November 2019. This highlighted that KPMG had been asked to provide some support into reviewing CHC governance and decision making processes.

In November, the Committee noted that there had been a steady growth in the number of CHC cases within the P&CS Unit since the beginning of 2018 which has resulted in forecast growth of circa 6.3% in 2019/20 compared to 2018/19. The report also noted that within Mental Health and Learning Disability services, there has been a marked growth in the cost and number of Learning Disability cases, and whilst there has been growth in the number of Mental Health cases, costs are generally stable reflecting strategic work undertaken over the past few years.

There are a range of factors that are driving demand within CHC spending generally. Within PC&S Unit, the growth can be largely attributed to changes in service models that are in line with our strategic direction to enable people to receive care, within or as close to their own homes as possible. This includes decisions to develop a community based older people's mental health service and to reduce our inpatient capacity. There has also been a growth in the number of fast track palliative care placements which again, is in line with our model of care.

The paper also noted the establishment of a High Cost Panel for scrutinising cases with an annual cost in excess of £75k per year.

Progress

Since the paper in November a number of actions have been taken forward.

Unit Based Action Plans

Following the model adopted by the Primary and Community Services Unit, all Units that manage CHC expenditure have been asked to develop local action plans and these are included as appendices to this report

- PCS Unit – Appendix 1
- Children – Appendix 2
- MH and LD – Appendix 3.

These actions are monitored locally by individual Units and will continue to be updated until 31st March 2020. In light of the proposal to establish a new HVO workstream, a review of the actions will take place in February to establish what will remain as local Unit based actions in 2020/21 and what will be considered as part of the development of a strategic approach.

High Cost Panel

A High Cost Panel was established and met on 3 occasions. There were positive discussions about the current governance arrangements and the Panel established a clear view about the differences in approaches and governance across the Board area. There was also an agreement to improve joint working internally within the Board and also reflected the need for the Board to take a more strategic approach to the commissioning and planning of CHC.

Following discussions with KPMG, it was agreed that they would support a review of current governance arrangements and to consider opportunities for strengthening these further. This was undertaken via direct discussions between the Units and KPMG, and subsequently at a cross-unit workshop held in late December. Whilst this work was ongoing, it was agreed that the Panel would be held in abeyance to allow the KPMG work plan to proceed at pace.

In the meantime, Investment & Benefits Group (IBG) have approved an 'invest to save' bid to strengthen skills and capacity in commissioning Mental Health & Learning Disability services and this is being progressed by the MH/LD Unit.

KPMG

Following the work undertaken by KPMG, a draft Charter has been developed. This provides a framework and some suggested actions for the Board. The key areas issues are:

- There is a lack of consistency between individual teams (Units) in scrutinising CHC arrangements within the Board and that action should focus on establishing a standard operating procedure for local scrutiny panels.
- The Board needs to establish a range of Key Performance Indicators (KPIs) to measure compliance with process and cost avoidance and that this would result in a better knowledge base to improve
- There should also be a consistent streamlining checklist to support the rationale for requirements for holding a Decision Support Tool assessment
- A range of cases that are currently 'in discussion' between Local Authorities and the Health Board and that separate discussions are taking place about how to best resolve these outstanding matters.

The KPMG assessment suggests a potential financial opportunity to support the Board in managing CHC in recognition that it is a significant drive of the current

operational deficit. A final version of the Charter is expected in January along with other products from the KPMG work; these will be formally issued by Welsh Government shortly.

Partnership Issues

Following discussion between partners in early 2019, it was agreed that the Health Board would set up a process to review a number of children's complex care cases that Local Authorities identified as being 'in dispute' with the Health Board. A process was agreed, and a deep dive was carried out into a small number of the 30 cases that had been identified. The deep dive was concluded in July 2019 and a number of thematic actions and improvements were identified.

The Health Board agreed to put forward a proposal to resolve these historic cases on a strictly one-off basis, without precedent for the future, and to work collaboratively with partners to take forward a range of improvement actions. A number of options were considered by the Executive Team in January 2020, and the preferred option has been put forward and accepted by both Swansea and Neath Port Talbot Local Authorities. The agreed option is that the disputed cases will be funded on an equal basis by Health, Education and Social Services and this will clear the backlog of invoices. There are further risks that need to be worked through, but as this is a 'one off, no precedent' agreement, future risks will need to be managed in this context.

Executive Team also agreed that the Board should adopt a similar methodology for managing cases for people with Mental Health and Learning Disabilities and Adults with Complex Needs. This work will be completed by the end of March 2020.

Proposal for HVO in 2020/21

In view of the KPMG recommendations, and the need to ensure a clear strategic plan for the management of Continuing Health Care, it is proposed that this is an area that becomes a high value opportunity in 2020/21. The work will be led by the Executive Director of Nursing and Patient Experience and will replace the remit of the high cost panel. The HVO will formally be operational from 1st April 2020, with planning and scoping work to be undertaken between January and March 2020. The HVO will also have a remit to review information from the recently published NHS Wales Benchmarking exercise. Project management arrangements will be firmed up shortly, and this work will need to align with the ongoing work programme within West Glamorgan Regional Partnership Board.

3. GOVERNANCE AND RISK ISSUES

As identified above, a number of opportunities have been identified to strengthen governance in decision making of CHC and particularly to ensure that the Board has a consistent approach across all Delivery Units. These will be taken forward as part of a new High Value Opportunity workstream from April 2020. There are financial risks that need to be considered as part of the development of the financial plan.

The HVO will be expected to establish a risk log to capture risks and these will be reported through the appropriate governance mechanism once agreed.

4. FINANCIAL IMPLICATIONS

CHC costs are a major cost driver for the Health Board and in 2019/20, this has been one of the key areas driving an operational overspend. In financial terms, a provision has already been made in 2019/20 for 2018/19 invoices, so the financial impact of the agreement in 2019/20 will be £0.018m with a recurring impact of £0.632m in future years. Demand and growth assumptions around CHC are being undertaken as part of finalising the financial plan for 2020/21.

5. RECOMMENDATION

Performance & Finance Committee are requested to:

- Note actions underway since the Committee received the 'deep dive' report
- Note the actions proposed by KPMG to strengthen the management of CHC governance
- Note the recent agreement to resolve outstanding joint funding issues around children complex cases
- Note the proposal to formally take forward the KPMG recommendations and local priorities as a High Value Opportunity area in 2020/21.

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										
The need to ensure safe care for patients remains paramount and this is actively considered as part of the decision making process for meeting the needs of individuals who require CHC.										
Financial Implications										
There are financial implications to resolve a number of outstanding issues. These are minimal in 2019/20 as a provision has already been made, but will result in additional spend in 2020/21. KPMG have identified an opportunity to manage CHC costs and this will be taken forward as part of the establishment of a new HVO workstream in 2020/21.										
Legal Implications (including equality and diversity assessment)										
CHC is governed through legislation.										
Staffing Implications										
None identified										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
No specific implications identified										
Report History		Reports to PFC in July, September & November 2019								
Appendices		Appendix 1: P&CS Unit Action Plan Appendix 2: Singleton Unit Action Plan Appendix 3: MH/LD Unit Action Plan								