



GIG
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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Continuing NHS Care

Delivery Support Team

15/10/19

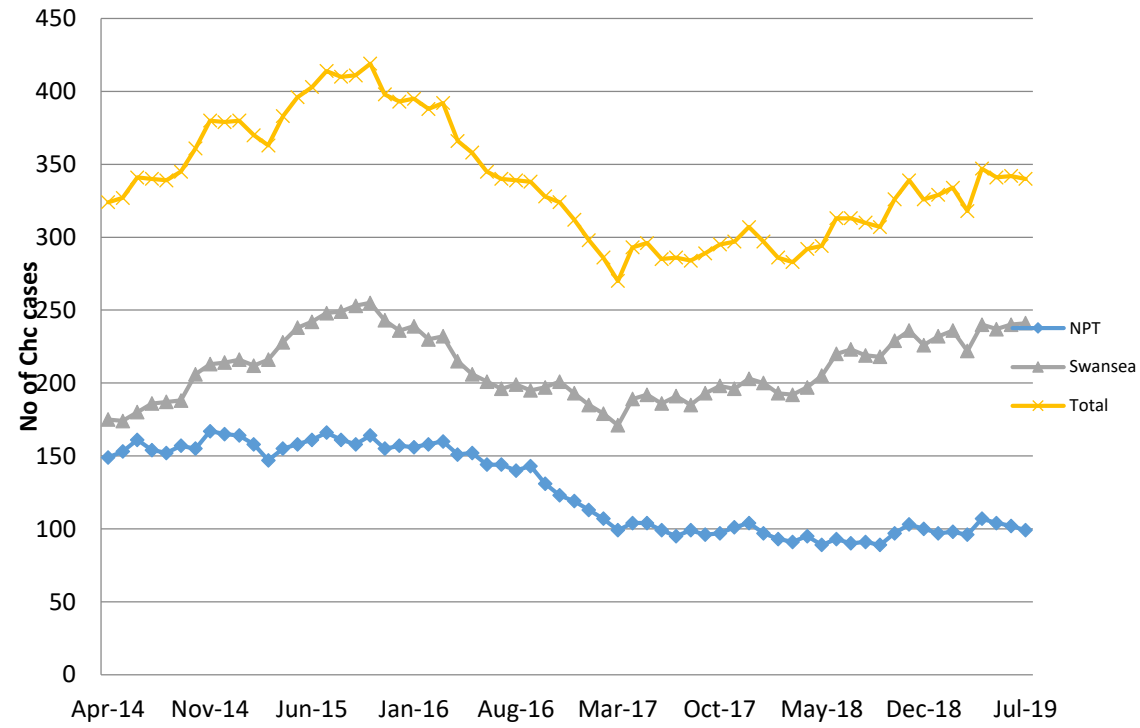


Context/Background

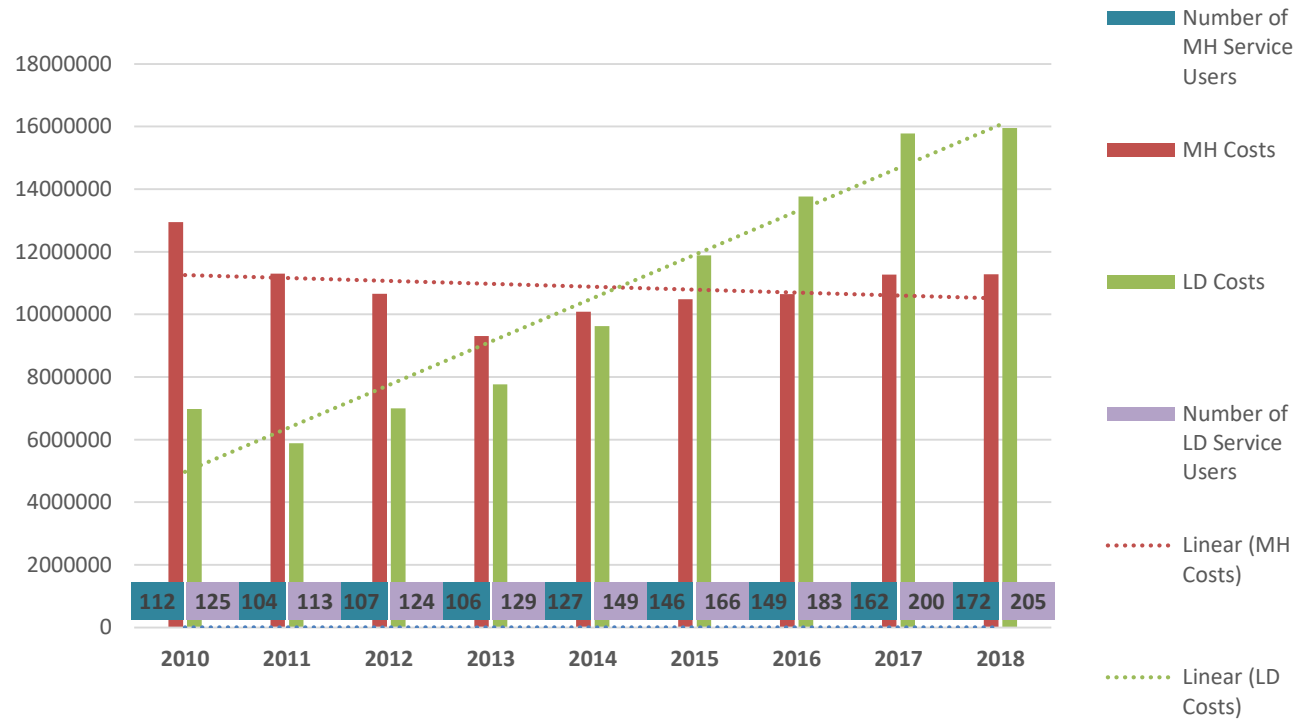
Category	Total 17/18 £m	Total 18/19 £m	Forecast 19/20 £m		Qtr1 Actual 19/20 £m
MH&LD CHC	20.70	23.01	24.06		5.87
P&CS CHC	15.67	17.36	19.09		4.73
P&CS FNC	7.28	7.60	7.46		1.85
SING Paeds <small>www.wales.nhs.uk</small>	0.76	0.83	1.00		0.24
Total	44.41	48.80	51.61		12.69

- CHC spend in Swansea Bay University HB is forecast to increase by 6.3% in 2019/20 compared to 2018/19
- FNC remains stable

P&CS CHC Case Numbers



MH & LD CHC Baseline Costs and Funded Service Users



Funding

- Effectively 4 different types of cases:
 - **General Funded Nursing Care** – PCS manage these and have a streamlined process/assessment process in place to ensure appropriate and timely decision making avoiding need for DSTs to take place for straightforward cases
 - **General Continuing NHS Care** – these are cases assessed by a Multi-disciplinary team using a Decision Support Tool (DST) underpinned by a National Framework
 - **Section 117 cases** – these are patients assessed under the Mental Health Act (2017) with a requirement for aftercare which can be a combination of health and social support. There is no prescribed formula for assessing the contribution to be provided by the NHS/Local Authority and there is different custom and practice between Swansea and Neath Port Talbot authorities
 - **Joint Funded packages** – these are patients who may not have a ‘primary health need’ as defined under the legislation, nevertheless may have a range of support needs associated with their condition or diagnosis. Again, there are a range of historical agreements in place and no definitive policy that determines the split of funding for health vs social care

P&CS: Key Drivers

Demand

- Growth in high cost packages
- Increase in the number and complexity of packages of care for older adults with mental health needs
- Increase in fast track assessments from acute sector

Supply

- Lack of Domiciliary Care capacity constraints ability to meet fast track requirements so reliant on use of Local Authority domiciliary care teams
- Limited specialist placements for highly complex patients (and some providers not on framework)
- No block contracts in place

Other

- Increase in number of disputes and appeals (data being collated)

MH&LD: Key Drivers

Demand

- Increase in number of MH cases over 8 years but costs are stable reflecting work undertaken to manage market and repatriate
- Learning Disabilities – 60% increase in number of patients, and 128% increase in cost between 2010 and 2019

Supply

- National framework led by National Commissioning & Complex Care Unit
- Not all providers on framework
- Mainly spot purchasing, no block contracts in place

Other

- Capacity & skills within CHC Team to focus on 'right sizing' packages of care – IBG Business Case submitted
- Delays in progressing strategic CHC work during 2019/20 due to capacity issues in team
- Increase in requests for DST assessments from partners
- No consistent cost-sharing approach to S117 placements in NPT & Swansea
- No defined national framework to assess LD needs so no consistent approach to joint funding

Grip & Control

- Each Unit has a local scrutiny process in place
- PCS Unit:
 - Detailed action plan in place
- MH:
 - Monthly focus on CHC spend via Finance & Performance meeting
- Children
 - Recent 'deep dive' and review of Children's cases by Assistant Nursing Director
- System wide Action plan:
 - High Cost Panel in place from October 2019

System Wide – Areas of Focus (1)

- High Cost Panel
 - Pre- panel held on 23rd September – TOR & process agreed
 - Panels will consider all cases where NHS contribution to care is >£75k per annum
 - Monthly panel (depending on numbers of cases)
 - Chaired by Director of Nursing & Patient Experience
- Focus
 - Sustainability framework and ensure that we are applying this consistently to future and historic high cost cases
 - Structured deep dive into cases > £200k
 - Developing system wide approach to complex cases with improved inter-Unit processes
 - Consider long term approach re: Local Authority and model up impact of moving to a consistent risk sharing approach re: S117 & Learning Disability Area

Areas of focus: Process

- PCS and MH/LD Panels operate independently of each other even though there will be cases referred from one unit to another (MH/LD to P&CS) which raises some points for further consideration:
 - Decision making process around CHC/complex care eligibility & the process for ongoing review & responsibility of the placement is split
 - The skill set for reviewing patients with complex needs post placement may not be in the right part of the organisation & this may impact on ability to access timely support & care for patients whose needs change
 - Consideration of a 'transition' process from inpatient to community placement to ensure smooth transfer of care and maximise likelihood of successful placement
- Broadly similar processes in place with local scrutiny except that MH/LD have geographical complex case panels (Swansea & NPT) whereas P&CS have merged into a single panel; MH&LD also have a Unit wide complex governance panel

Areas of focus: Partnership

Short term actions:

- Conclude current S117 issues (led by Lynne Hamilton)
- Consider whether MH can develop a streamlined pathway for decision making (interim pending medium term position) to help reduce number of DST requests that are causing issues and potential patient harm (by patients being delayed in hospital and automatic trigger of DST request on hospital admission)
- Review number of DSTs that are being challenged (especially CCoS)
- Assess inflationary uplifts for 2020/21 in light of Council's position (likely to be 5% increase)

Medium term actions:

- Consider the potential development of a consistent decision making framework across S117 and complex Learning Disability cases – needs to be carefully modelled
- Joint commissioning approach and market management – develop a consistent fee setting methodology jointly with partners and use market position statement process to identify opportunities to reshape provider market
- Improve information around children transitioning to adulthood – establish central database to help with forward planning

Next Steps – October & November 2019

- Explore current workforce/skill mix managing current placements and identify further opportunities (eg. Band 4)
- Assess whether 'review' process can be enhanced around 1:1/high cost placements
- Explore decision making around complex cases between PCS and MH/LD Unit and identify areas for improvement
- Consider the IBG proposal for enhanced CHC team in MH/LD
- Assess broader benefits of increased investment in contracting team
- Embed high cost panel
- Deep dive into top 10 cases above £200k
- Review Benchmarking data when available (expected early October)
- Work with P&CS Unit to take forward their detailed action plan
- Work with KPMG to consider wider opportunities
- Further work to forecast demand growth over next 5 years to inform medium term plan

Conclusion

- Original Category C savings scheme put forward by P&CS to manage demand by restricting new cases and controlling the pipeline – estimated to generate savings of circa £1m in 2019/20
- QIA completed and discussed through cross unit meeting
- Agreed that risks are too significant
- Actions described unlikely to lead to immediate cash releasing savings during 2019/20; however should help to develop strategic approach for cost avoidance in future
- DST support:
 - Continue to take forward actions as set out on slide 11
 - Working with Director of Nursing and Units to focus specifically on high cost cases