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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>27 September 2022</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Continuing NHS Healthcare Quarter 4 Report: January to March 2022</b>		
<b>Report Authors</b>	Tanya Spriggs, Group Nurse Director PCTG, Julia McCarthy Head of Long Term Care, PCTG, Jeremy Lewis Assistant Finance and Business Partner, Clare Morgan Commissioning Team MHL, Vicki Burrige Head of Nursing, Children and Young People.		
<b>Report Sponsor</b>	Gareth Howells Executive Director of Nursing		
<b>Presented by</b>	Tanya Spriggs Group Nurse Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report aims to provide an update on the Q4 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The sustainability of the independent care sector</li> <li>• 10% increase to domiciliary care providers with effect from 01.04.22</li> <li>• The announcement of Real Living Wage to commence 01.04.22</li> <li>• The national FNC rate</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• Note the content of the report</li> </ul>		

## **Continuing NHS Health Care Quarter 4: January - March 2022**

### **INTRODUCTION**

This report aims to provide an update on the Q4 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 1<sup>st</sup> 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 4, one care home in Swansea (55 nursing & residential beds) remained in Escalating Concerns with suspension on all nursing and residential placements. Due to numerous patient safety and quality concerns, both the Health Board and Swansea Local Authority terminated their respective commissioning contracts with the care home. Residents were supported to identify and re-locate to alternative care settings. By the end of Q4, 1 CHC resident remained at the home. This individual subsequently transferred to an alternative care home in May 2022 and the care home remains closed.

In NPT, one care home (90 nursing & residential beds) was placed into Escalating Concerns due to numerous failings and multiple safeguarding referrals. Suspension

of nursing placements (41 beds) was agreed and a Corrective Action Plan was implemented.

## **Sustainability in the Care Home Sector**

The sector remains at risk from a financial perspective due to a number of vacancies across the region. The additional funding provided to care homes by WG was well received.

However, WG Hardship Fund ceased on 31<sup>st</sup> March 2022. Care home fees have significantly increased since 1<sup>st</sup> October 2021 in recognition of the increased costs of food, fuel and inflation. It is hopeful that the increase will assist care homes to strengthen their workforce recruitment and retention and achieve greater financial resilience in preparation for the year ahead.

Welsh government introduced the Real Living Wage to take effect from 01.04.22. In order to meet this commitment, the Health Board has awarded care home providers an uplift of 4%.

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 which will be backdated from 01.04.22.

The sector remains fragile, as care homes move in and out of 'incident status', coupled with poor staffing issues.

Staff recruitment remains problematic with carers leaving for jobs in different sectors, such as retail. However, it is hoped that the introduction of the Real Living Wage will address the increasingly challenging recruitment and retention issues and pressurised working conditions within the care sector.

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 impact of the paucity of registrants available to the care home sector has meant on occasions that a provider who has previously offered nursing beds has had to de-register nursing services. Care Home providers will need to consider a different approach regarding on-site availability of registered nurses.

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 home beds, the impact upon patient flow is significant.

## **Recent Developments**

In response to the significant pressures which is limiting patient flow across our acute sites, the Transitional Bed Framework is a Health Board initiative with the intention to commission up to 100 care home beds from the independent care home sector within

the Swansea Bay footprint. This is in addition to the usual Local Authority and Health Board commissioning of long term care beds. The scheme facilitates discharge from an acute hospital while the patient awaits a community package of care and support. To date over 180 patients have been transferred into these beds resulting in a saving of nearly 9000 hospital bed days.

A well known specialist provider is proposing to develop a 16 bed complex care nursing home in Neath, the likely timescales for this home to be operational is 18-24 months. The availability of intermediate cost placements for individuals with complex mental health issues is being explored, as there is a demand within the current market.

## **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				
	Total £m	Total £m	Total £m	Total £m	Qtr 1 £m	Qtr 2 £m	Qtr 3 £m	Qtr 4 £m	Total £m
MHLD	20.70	23.01	24.78	29.98	6.86	7.86	8.24	10.24	33.20
PCS CHC	15.67	17.36	20.55	23.97	5.72	5.93	6.11	6.87	24.63
PCS FNC	7.28	7.60	7.61	8.30	1.80	1.82	1.98	2.16	7.76
Singleton Paeds	0.76	0.83	1.00	0.96	0.29	0.28	0.28	0.30	1.15
<b>Total</b>	<b>44.41</b>	<b>48.80</b>	<b>53.94</b>	<b>63.21</b>	<b>14.67</b>	<b>15.89</b>	<b>16.61</b>	<b>19.57</b>	<b>66.74</b>

Since July 2020, the costs for MHLD and PCS 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
<b>Total</b>	<b>2.84</b>	<b>0.74</b>	<b>0.74</b>	<b>0.56</b>	<b>0.19</b>	<b>2.23</b>

In addition, the increase in expenditure is linked to:

- Increases in the FNC rate - PCT set the CHC base rate at the FNC contribution plus the cost of a Residential bed in the local area.
- In MH there are increased cases and this includes increased expensive placements from prison.
- In LD there are a number of new expensive transition cases, transition from children's services into LD adult services.

The FNC rate is set nationally; recognising the delay in the pay award for 2021/22 being finalised, the impact of the proposal to uplift the RN component of the rate by 3% is shown below.

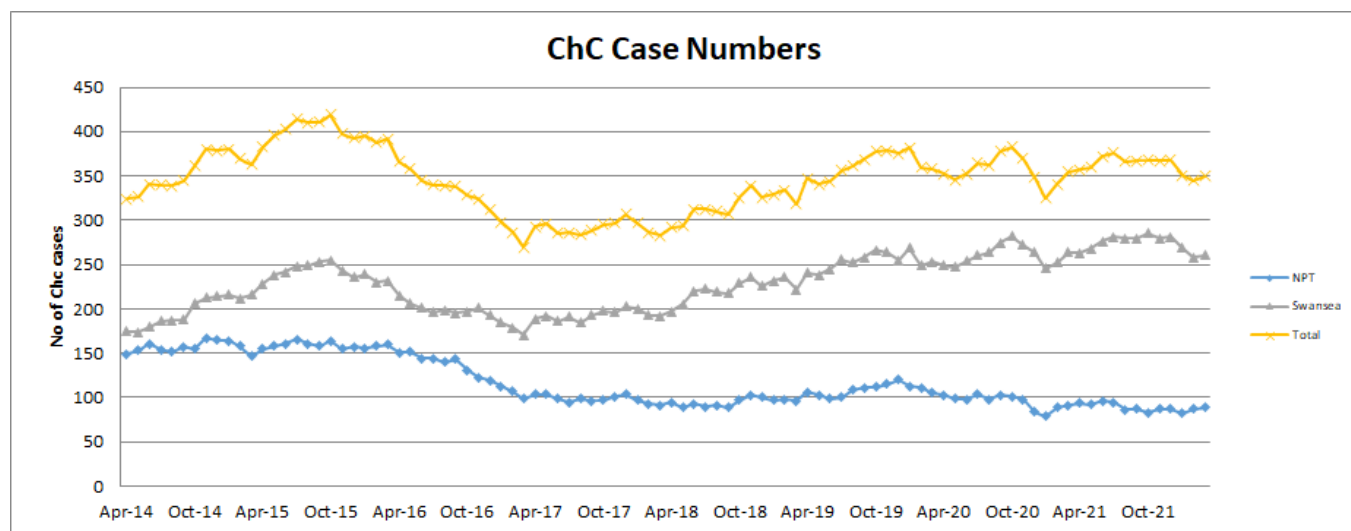
Financial Year	RN component	Contingence component	HB component of FNC rate	Social care related to FNC and so funded by LA  (0.385 hours)	Total FNC weekly rate  (9.24 hours plus contingence component)
2014/15	£150.62	£11.00	<b>£161.62</b>	£6.55	<b>£168.17</b>
2015/16	£150.98	£11.00	<b>£161.98</b>	£6.56	<b>£168.54</b>
2016/17	£152.48	£11.00	<b>£163.48</b>	£6.63	<b>£170.11</b>
2017/18	£153.99	£11.29	<b>£165.28</b>	£6.70	<b>£171.98</b>
2018/19	£156.30	£11.57	<b>£167.87</b>	£6.80	<b>£174.67</b>
2019/20	£161.15	£11.82	<b>£172.96</b>	£7.01	<b>£179.97</b>
2020/21	£167.11	£12.02	<b>£179.13</b>	£7.27	<b>£186.40</b>
2021/22	£172.12	£12.20	<b>£184.32</b>	£7.48	<b>£191.80</b>

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 2021/22. Note the in-year increase to the Residential rate was reflected in an additional part-year CHC base rate rise.

	2019/20	2020/21	2021/22 Initial	2021/22 Oct +
	£	£	£	£
Swansea LA OP Nursing Care rate	631	640	653	717
FNC rate - agreed Nationally	172.96	179.13	184.32	184.32
<b>CHC Base Rate SBUHB</b>	<b>803.96</b>	<b>819.13</b>	<b>837.32</b>	<b>901.32</b>

<b>% Increase</b>		<b>1.89</b>	<b>2.22</b>	<b>7.64</b>
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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 patients with EMI 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 within the last 6 months.

Package Cost	% of packages at each rate							
	2017-18	2018-19	2019-20	2020-21	Qtr 1 2021-22	Qtr 2 2021-22	Qtr 3 2021-22	Qtr 4 2021-22
Under 1K	74.1	73.6	73.7	69.5	68.4	67.8	67.6	65.5
£1-2K	20	19.3	18.7	20.5	20.8	20.9	19.2	20.3
Over £2k	5.9	7.1	7.6	10.0	10.8	11.3	13.2	14.2

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/MS/Huntington Chorea and complex Mental Health needs.

### **3: MENTAL HEALTH & LEARNING DISABILITY**

### **Review of commissioned packages**

The MH and LD Delivery Unit currently have 402 CHC cases comprising 52 Mental Health and 104 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 to address some of these factors moving forward into 2022. 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 25 MH reviews and 16 LD reviews undertaken during this reporting period.

### **Continuing Health Care applications**

A total of 2 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 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**

With the reducing restrictions in relation to COVID-19 on site reviews have been able to recommence and a planned programme of reviews has been scheduled in order to address the overdue reviews which accumulated as a result of the pandemic. Planned repatriation programmes into NHS in patient services for mental health and learning disability have also been able to recommence with the increased movements within both NHS and externally commissioned services which were previously impacted by COVID-19 restrictions and outbreak situations.

There have been a number of 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 colleagues in regards to 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.

During the wave of the pandemic it should also be noted that the MH Division also encountered an increase on 2020/21 referrals in the demand for prison to low secure independent hospital placements. The resulting outbreaks in local secure hospitals and the need for isolation facilities also impacted on the ability to admit and discharge patients affecting the flow and availability of beds during this challenging period of time and the resulting additional financial impacts.

Despite the pandemic, significant work has been undertaken on reviewing the MH & LD CHC position and establishing “moving forward” plans. This has included an external review of the team which produced recommendations for change and improvement which have been built into the CHC Action Plan for 2021/22, along with the recruitment of additional staff into the team which has been pivotal in providing the necessary additional capacity and vigour to respond to the challenge.

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**

- Children services are represented at the Multiagency complex case panel, part of the West Glamorgan complex care programme represented by Head of Nursing, Head of strategy and Community Children Continuing care manager.
- Children services formulated Regional Multi-Agency Decision Making Panel that will ensure the quality of the information gathered to inform a decision around Continuing Care eligibility and assurance that processes have been followed and decisions are equitable. It also ensures clear financial processes



are in place and adhered to and agreement for each agency's funding contribution to individual care packages. This panel continues to meet monthly and feeds into the complex case panel where necessary

Quarter 3 Panel CYP	Referral declined	New referral Cases Presented	Packages agreed	Current cases reviewed	Changes packages
January 2022	2 withdrawn	2 one later withdrew	1	0	0
February 2022	0	0	0	2	0
March 2022	1 LD referral no LD assessor	0	0	1	0

- Quarter 4 continuing care packages 20 in total. Number of Night hours 693 and Day care 129 hours. Daily risk assessment continues as per guidance for COVID 19, all care packages continue to be maintained, with regular contact with families to ensure safety for both families and staff. Critical staffing levels have been managed through escalation and business planning to improve and increase staffing levels.
- The children's continuing care services are receiving referrals for children with mental health diagnosis and learning difficulties following the publication in 2020 of the Children & Young People Continuing Care guidance. As a result, the CYP division is working with CAMHS and Planning to agree how staff with the necessary skills and expertise for MH & LD can be involved in assessments and care coordination. LD Nurse assessor role has been agreed and is presently with the recruitment process.
- The Children & Young People (CYP) Division Improvement plan was developed by the service in response to the External Report into the Childrens Community Nursing Team which was approved by the Health Board in November 2021. This Improvement plan has been evolving as parents/families and staff engage with the service and contribute to ongoing improvements and developments.
- The improvement plan has three work streams that feed into the divisional plan. These include workforce, Data Management, and Patient Engagement task and finish groups. These groups meet monthly and collaborative feedback through Division and the service group monthly. Improvement Lead and Head of Nursing are invited to give assurance of progress to the Health Board through the quality and safety committee.
- Workforce.
- In January 2022 the new Head of Nursing for Children & Young People commenced in post, this offered a great opportunity to develop the nursing team across the CYP Division. The division is now reviewing the other senior nursing posts and structure to ensure there is a robust succession plan.

- The division has prepared a business case detailing the resources required to meet the staffing needs and future leadership of the team. At the Management Board in February it highlighted there was likely to be significant cost implications in order to fully achieve the required actions. The Division and service group have established a workforce task and finish group to oversee the actions relating to workforce requirements, organisational development programmes and ongoing support to the nursing team. The service has developed an attractive robust recruitment drive to ensure that future packages of care are not delayed.
- **5. RECOMMENDATION**

The Committee is asked to:

- NOTE the content of the report.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
<b>The Health Board has a responsibility to ensure that its duty of care extends to NHS provision</b>		
<b>Financial Implications</b>		
MH&LD and PCS delivery Units have identified financial risks and have implemented improvement plans.		
<b>Legal Implications (including equality and diversity assessment)</b>		
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.		
<b>Staffing Implications</b>		
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.		