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Health Board

|  |   |                          |                                     |
|--|---|--------------------------|-------------------------------------|
| <b>Meeting Date</b>  | <b>23 May 2023</b>  | <b>Agenda Item</b>       | <b>4.2</b>                          |
| <b>Report Title</b>  | <b>Continuing NHS Healthcare<br/>Quarter 4 Report: January to March 2023</b>  |                          |                                     |
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| <b>Report Sponsor</b>  | Gareth Howells Executive Director of Nursing  |                          |                                     |
| <b>Presented by</b>  | Sian Passey, Primary, Community and Therapies Service Group   |                          |                                     |
| <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>• The revised national FNC rate for 2022/23</li> <li>• Sustainability of regional Step up/Step down beds</li> </ul> |                          |                                     |
| <b>Specific Action Required</b><br><i>(please choose one only)</i> | <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>• <b>Note</b> the content of the report</li> </ul>   |                          |                                     |

## **Continuing NHS Health Care Quarter 4 January – March 2023**

### **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, a residential home in NPT came out of Escalating Concerns on 28<sup>th</sup> March 2023. The home remains under 'Performance Management' and is being closely supported by Local Authority, District Nursing & Long Term Care Team. The home has recently been sold and the new ownership is due to take over imminently.

A further nursing home within NPT came out of Escalating Concerns on 25<sup>th</sup> April 2023. This home remains under 'Performance Management' and is also being supported by Local Authority & the Long Term Care Team. Admissions are also limited to 2 per week.

#### **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 1<sup>st</sup> 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 further increases have been announced.

The FNC rate for NHS Wales for 2022/23 was agreed at £193.88 per week (previously £184.32 pw). However, the amended and uplifted NHS Pay Award for 2022/23 has implications for the FNC rate; this had led to a need to recalculate the rate and update it in line with the NHS Pay Award meaning an additional 1.5% recurring and 1.5% one off payment. The revised FNC rate for 22/23 is £199.04.

The Interim Policy Statement expects Health Board's to set an interim rate to apply from 1<sup>st</sup> April each year, with an in year adjustment as necessary when the NHS Pay Award is confirmed. Therefore, Health Board's are working together to consider what an appropriate interim rate would be for 2023/24 and aim to issue this as soon as possible in order to comply with the revised policy requirements

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 residential care across Swansea Bay is circa 1,700. With the potential for a further reduction in nursing and residential home beds, the impact upon patient flow is significant.

The sector remains fragile and 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, issues with flow due to capacity with the domiciliary care market continued. It was therefore 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 support hospital discharges. The new model places greater emphasis on reablement programmes, maintenance plans and recovery support to avoid deconditioning. This model was operationalised from 1<sup>st</sup> December 2022.

The new regional step up/step down project was originally due to end on the 31<sup>st</sup> March 2023, however, funding has been extended until 30<sup>th</sup> June 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 are underway.

Since November 2021, 481 patients have transferred into these beds resulting in a saving of over 29,500 hospital bed days. An average length of stay is 77 days.

## **2: FINANCIAL IMPLICATIONS**

The table below shows the CHC expenditure for the Swansea Bay University Health Board (SBU HB) from 2018-19, through to the current quarter.

| Category           | 2018-19      | 2019-20      | 2020-21      | 2021-22      | 2022-23      |              |              |              |              |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|                    | Total<br>£m  | Total<br>£m  | Total<br>£m  | Total<br>£m  | Qtr 1<br>£m  | Qtr 2<br>£m  | Qtr 3<br>£m  | Qtr 4<br>£m  | Total<br>£m  |
| MHLD               | 23.01        | 24.78        | 29.98        | 33.20        | 8.24         | 9.15         | 9.06         | 6.09         | 32.54        |
| PCS CHC            | 17.36        | 20.55        | 23.97        | 24.63        | 6.18         | 6.53         | 7.32         | 7.52         | 27.55        |
| PCS FNC            | 7.60         | 7.61         | 8.30         | 7.76         | 1.68         | 1.87         | 2.23         | 1.97         | 7.76         |
| Singleton<br>Paeds | 0.83         | 1.00         | 0.96         | 1.15         | 0.35         | 0.45         | 0.41         | 0.42         | 1.63         |
|                    |              |              |              |              |              |              |              |              |              |
| <b>Total</b>       | <b>48.80</b> | <b>53.94</b> | <b>63.21</b> | <b>66.74</b> | <b>16.46</b> | <b>18.01</b> | <b>19.02</b> | <b>15.99</b> | <b>69.47</b> |

From July 2020 to March 2022, 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<br>Total<br>£m | 2021/22<br>q1<br>£m | 2021/22<br>q2<br>£m | 2021/22<br>q3<br>£m | 2021/22<br>q4<br>£m | 2021/22<br>Total<br>£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 and the rate for 2022/23 has recently been increased to reflect the latest pay negotiations, as shown below.

| Financial Year | RN component | Continence component | HB component of FNC rate | Social care related to FNC and so funded by LA<br><br>(0.385 hours) | Total FNC weekly rate<br><br>(9.24 hours plus continence component) |
|----------------|--------------|----------------------|--------------------------|---|---|
| <b>2014/15</b> | £150.62      | £11.00               | <b>£161.62</b>           | £6.55   | <b>£168.17</b>  |
| <b>2015/16</b> | £150.98      | £11.00               | <b>£161.98</b>           | £6.56   | <b>£168.54</b>  |
| <b>2016/17</b> | £152.48      | £11.00               | <b>£163.48</b>           | £6.63   | <b>£170.11</b>  |
| <b>2017/18</b> | £153.99      | £11.29               | <b>£165.28</b>           | £6.70   | <b>£171.98</b>  |
| <b>2018/19</b> | £156.30      | £11.57               | <b>£167.87</b>           | £6.80   | <b>£174.67</b>  |
| <b>2019/20</b> | £161.15      | £11.82               | <b>£172.96</b>           | £7.01   | <b>£179.97</b>  |
| <b>2020/21</b> | £167.11      | £12.02               | <b>£179.13</b>           | £7.27   | <b>£186.40</b>  |
| <b>2021/22</b> | £172.12      | £12.20               | <b>£184.32</b>           | £7.48   | <b>£191.80</b>  |
| <b>2022/23</b> | £185.89      | £13.15               | <b>£199.04</b>           | £8.08   | <b>£207.12</b>  |

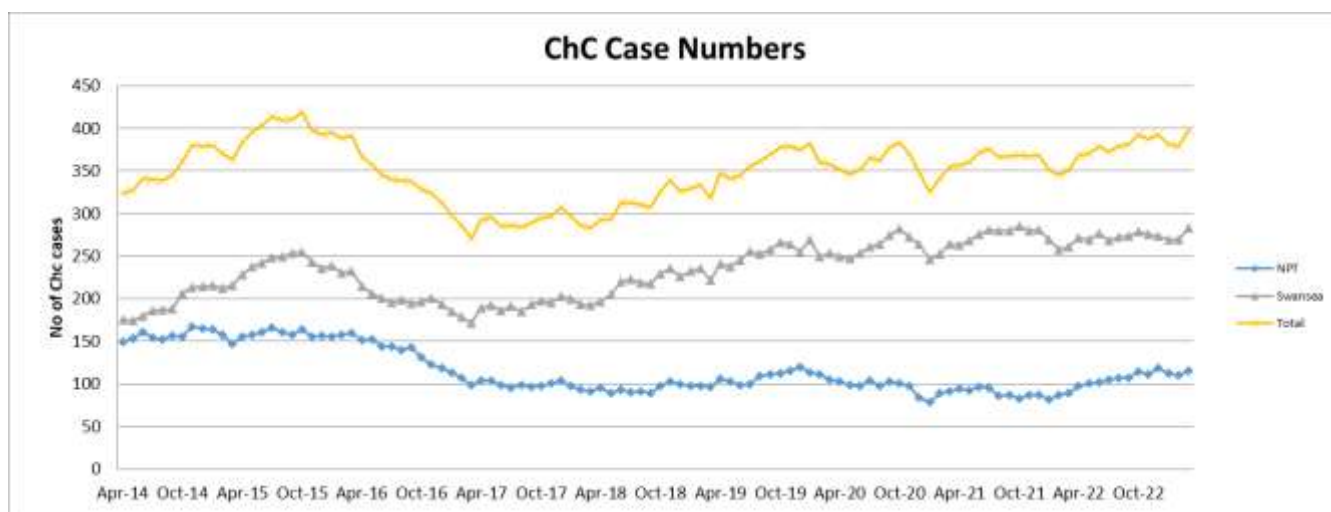
The Health Board have historically set the CHC base rate at the FNC contribution plus the cost of a Residential bed in the local area. Continuing this methodology results in the following rate for 2022/23.

|                                | 2019/20 | 2020/21 | 2021/22      | 2021/22    | 2022/23      | 2022/23      |
|--------------------------------|---------|---------|--------------|------------|--------------|--------------|
|                                | £       | £       | Initial<br>£ | Oct +<br>£ | Initial<br>£ | revised<br>£ |
| Swansea LA OP Nursing Res rate | 631     | 640     | 653          | 717        | 752          | 752          |
| FNC rate - agreed Nationally   | 172.96  | 179.13  | 184.32       | 184.32     | 193.88       | 199.04       |

|                     |        |        |        |        |        |        |
|---------------------|--------|--------|--------|--------|--------|--------|
| CHC Base Rate SBUHB | 803.96 | 819.13 | 837.32 | 901.32 | 945.88 | 951.04 |
|---------------------|--------|--------|--------|--------|--------|--------|

|            |      |      |      |      |      |
|------------|------|------|------|------|------|
| % increase | 1.89 | 2.22 | 7.64 | 4.94 | 0.55 |
|------------|------|------|------|------|------|

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.

| Package Cost | % of packages at each rate |         |         |         |                  |                  |                  |                  |
|--------------|----------------------------|---------|---------|---------|------------------|------------------|------------------|------------------|
|              | 2018-19                    | 2019-20 | 2020-21 | 2021-22 | Qtr 1<br>2022-23 | Qtr 2<br>2022-23 | Qtr 3<br>2022-23 | Qtr 4<br>2022-23 |
| Under 1K     | 73.6                       | 73.7    | 69.5    | 67.3    | 65.3             | 61.9             | 59.4             | 57.8             |
| £1-2K        | 19.3                       | 18.7    | 20.5    | 20.3    | 20.3             | 21.3             | 22.9             | 25.3             |
| Over £2k     | 7.1                        | 7.6     | 10.0    | 12.4    | 14.4             | 16.8             | 17.7             | 16.9             |

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 445 funded cases comprising 51 CHC funded cases in Mental Health and 118 funded 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 53 MH reviews and 22 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**

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 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.

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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 4<br>Panel CYP | Referral<br>declined | New<br>referral<br>Cases<br>Presente<br>d | Packages<br>agreed | Current<br>cases<br>reviewed | Changes<br>packages                           |
|------------------------|----------------------|---|--------------------|------------------------------|---|
| January<br>2023        | 0                    | 0   | 0                  | 0                            | Panel cancelled<br>as there were no<br>cases. |



|               |   |   |   |   |                                  |
|---------------|---|---|---|---|----------------------------------|
| February 2023 | 0 | 0 | 0 | 1 | One care package withdrawn       |
| March 2023    | 1 | 2 | 1 | 1 | 1 package 7 nights reduced to 5. |

- Quarter 4 continuing care packages remain at 19 in total. One package discontinued due to nursing input not required.
- Number of Night hours 666 and Day care 149 hours no Change.
- Collaborative working with LD / MH and PCT to review all cases presented by LA for joint funding this work continues
- Transition process being reviewed for CYP.

Since the last report to there has been significant progress made, largely due to the confirmation of financial investment into the service.

The community children team have had a follow on action from the External Review commissioned in Autumn 2020. The second review undertaken reviewed three specific areas relating to Continuing Care:

- A review of the practice of using a checklist for a process in place in Swansea Bay UHB for those children who had been deemed ineligible for Children and Young People Continuing Care ( CYPCC) during the 2018/19 year.
- A review of any risk management where there had been a process to remove care within the April 2019 to September 2020 time period.
- A review of transition arrangements to manage the process of moving to adult services for those transitioning during the 2018/19 year.

Children Services have implemented an action plan on recommendations and report into NPTSSDU Quality and Safety.

The reviewers are also competing the revisiting review of the initial commissioned external report. This will be completed by June 2023.

### Workforce Investment and Improvements

Pivotal posts required for front line care have been successfully recruited this includes Continuing Car assessor and Learning Disability Nurse Assessor. The service has also recruited a deputy head of nursing whose portfolio will cover the service management of the community children team and the embedment of the recommendations.

Band 6 Community Nurse posts are advertised, and this will support the implementation of out of hours cover. To complete competencies, assurance checks and training in the families homes with BAnd 3 /4 staff.

The Division has successfully developed a Band 4 Job description with core training and competencies. There is significant work undertaken to review the medicine

administration competencies for Band 4 staff. This work is collaboratively with Community Children's Teams across Wales.

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.

| <b>Governance and Assurance</b>   |   |                                     |
|---|---|-------------------------------------|
| <b>Link to Enabling Objectives (please choose)</b>  | <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>  |   |                                     |
| <b>(please choose)</b>  | 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.

**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.