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Bae Abertawe  
Swansea Bay University  
Health Board



|  |   |                          |                                     |
|--|---|--------------------------|-------------------------------------|
| <b>Meeting Date</b>  | <b>25 January 2022</b>  | <b>Agenda Item</b>       | <b>3.2</b>                          |
| <b>Report Title</b>  | <b>Continuing NHS Healthcare<br/>Quarter 2 Report: July to September 2021</b>   |                          |                                     |
| <b>Report Authors</b>  | Tanya Spriggs, Group Nurse Director PCTG, Julia McCarthy Head of Long Term Care, PCTG, Claire Morgan Head of Long Term Care MHL, CHC. Sally Killian, Interim Finance and Business Partner. Vicki Burrige, Interim 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 Q2 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.  |                          |                                     |
| <b>Key Issues</b>  | <p>Management and performance of CHC and FNC.</p> <ul style="list-style-type: none"> <li>• External Commissioning Group established to support care homes during the COVID period.</li> <li>• Actions taken to date in relation to the Supreme Court Judgement for future and backdated FNC rates. All Wales agreement on FNC and CHC rates for 2021-22.</li> <li>• Key actions and data in relation to COVID in the care home sector.</li> <li>• Partnership agreement to progress establishment of a Transforming Complex Care work programme.</li> </ul> |                          |                                     |
| <b>Specific Action Required<br/>(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>                                       | <p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of the report</li> </ul>   |                          |                                     |

## **Continuing NHS Health Care Quarter 2: July - September 2021**

### **1. INTRODUCTION**

This report aims to provide an update on the Q2 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.

### **2. BACKGROUND**

Welsh Government (WG) issued a revised policy document on Continuing NHS Healthcare (CHC) in 2014. The 2014 CHC National Framework included a Performance Framework specific to CHC, with a key requirement that each Health Board receive a formal quarterly CHC Position Report. This was subsequently revised in 2015 to require consideration either at HB Board or at an appropriate Board Level Committee if this route allows for more detailed scrutiny and analysis.

As part of the separate CHC Performance Framework required by WG, Boards are required to receive a quarterly report on CHC, and this paper fulfils that requirement. It informs the Board of developments and current issues relevant to CHC, both nationally and locally.

The implementation of the revised CHC National Framework has been delayed until March 2022.

A multiagency External Commissioning Group has been set up to ensure care homes are supported by commissioners and receive appropriate WG and local guidance. This group reports to the multiagency Silver Group with escalation to multi-agency Gold and Health Board Gold as required.

### **3. 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 but, for a number of reasons, they were either not assessed or not determined eligible, and thus were required to contribute to their package of care.

There are no HB breaches; all HB cases have been reviewed and completed within the recommended 6-month timeframe. There are 6 retrospective claims on the database, work on these claims were reactivated in July 2020 following a delay due to the COVID pandemic.

An Independent Review Panel (IRP) for 1 case is being arranged and the Team are dealing with 2 other complex cases where the claimants are refusing to accept the recommendations of eligibility and are requesting meetings.

The Retrospective Review Team are also supporting the Long Term Care Team by completing statutory reviews.

There has been a noted reduction in the number of new retrospective claims during this quarter. It is anticipated that numbers will increase when the number of CHC assessments increase.

There are currently no retrospective Ombudsman complaints in SBUHB.

**Health Board Retrospective Claims Activated and Reviewed in Q2: July to September 2021**

| <b>CASES</b> | <b>STATUS</b> | <b>COMMENT</b>   |
|--------------|---------------|--|
| 4            | Received      | Applications received in Q2  |
| 2            | Activated     | These are cases where all the relevant documentation has been received to allow activation ready for review.   |
| 0            | Reviewed      | These are cases that have been reviewed by the Nurse Assessor. Chronology and Needs Assessment completed. Outcome determined and sent to Solicitor / Claimant. |
| 1            | Closed        | Cases that have been closed due to either claimant not wanting to pursue or no relevant documentation received within the 5-month timescale.                   |

**Judicial Review**

In 2014 legal proceedings were initiated by a number of care home Providers in Wales challenging the factors used by Health Boards to calculate the FNC rate. This culminated in the case being heard by the Supreme Court in 2017 with the Judgment indicating that there were some services provided that should have been included and funded as FNC. Following this Health Boards undertook work on an all Wales basis to reflect the Judgment. This revised approach had to be backdated to 2014 and reimbursement has been made to providers.

As the Judgment refers back to 2014 Health Boards need to make reasonable efforts to contact and reimburse those people in care homes who may have paid for some aspects of their care that should have been funded by the NHS.

Swansea Bay Health Board have approximately 350 deceased FNC self-funders. For those self-funders who have passed away further Information Governance advice will be sought regarding whether the proposal to send an initial contact letter to the last known address of the next of kin is acceptable and whether there are any risk factors to consider.

### **Pooled Budget**

A pooled budget between health and social care for the provision of care to older people residing in care homes needed to be in place by 6th April 2019 as required by the Social Services & Wellbeing (Wales) Act (2016). Following a period of intense work, the multi-agency Pooled Fund for Care Homes Task and Finish Group have agreed a non-risk Sharing Pooled Fund arrangements under a Section 33 Agreement which is being progressed through the governance structures of the respective organisations. This is likely to be managed by the External Commissioners of Care (ECC) group, however, the group are currently managing the urgent Covid response.

The Regional Partnership Board is responsible for designing and implementing arrangements to ensure the partnership bodies work effectively together. Regional Partnership Boards are expected to develop written agreements concerning any formal partnership arrangements that involve a delegation of functions. Regional Contract work is ongoing which includes consultation with providers and Care Forum Wales. A partnership Gold and Silver meeting process is in place to oversee arrangements and actions including externally commissioned care and care homes.

### **Escalating Concerns**

During Quarter 2, one care home in Swansea went back into escalating concerns and has been managed under the West Glamorgan Escalating Concerns Policy, since September 17th 2021. The decision was taken following inspections by Environmental Health on 19th and 21st August 2021, issues identified were:

- Cook wearing jeans and a hoodie, no face mask
- Sink being used for raw meat and non-raw products
- Contamination between cooked and non-cooked foods within the freezers and fridges
- Not cooling food appropriately
- Poor documentation.
- A food poisoning outbreak at the home was linked to unhygienic practices in the kitchen.

Two hygiene Improvement Notices and a Remedial Action Notice has been served, the home has also been awarded a food hygiene rating of Zero. Environmental Health are continuing to visit the home and monitor their progress in complying with the hygiene improvement and remedial action notices. They are considering taking criminal proceedings. The home continues to be monitored by Health, CIW, Environmental Health, and Local Authority.

There are no care homes in NPT being managed under the Escalating Concerns Policy, however one care home came out of Escalating Concerns in March. Due to the issues in appointing registered nurses, this care home decided to de-commission nursing beds on 19.08.21 and remain open as a residential home only. This resulted in a loss of 15 nursing beds.

## **COVID Period**

Throughout the COVID period robust monitoring mechanisms have been in place to review residential and nursing care homes. A weekly report is collated by West Glamorgan Partnership and is escalated via Community Silver as appropriate. Partnership working has been key to supporting the care home sector. The establishment of a Regional Externally Commissioned Care Group (ECCG) has been pivotal. This group has representation from all key stakeholders, including, Environmental Health, CIW and Public Health. The group has developed and coordinated communications with the private sector. In addition, virtual support networks were established to support care home managers and owners. The sector remains at risk from a financial perspective due to the high number of vacancies across the region. The additional funding provided to care homes by WG has been well received. The sector remains fragile, as care homes move in and out of 'incident status', coupled with poor staffing issues. The ECC Group continues to monitor the level of fragility within the sector, as it is predicted that more providers may be affected once the additional funding ceases.

National meetings are in place to gain an all-Wales perspective on the distribution of funding following the publication of WG guidance.

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

Over the last few years the rising number of registrant vacancies experienced in the NHS has been mirrored in the Care Home Sector, this is not an exclusive issue for the SBUHB and is replicated across Wales.

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 no choice but to de register those specific categories, over the last two years this has led to a reduction of 72 nursing care beds across the SBHB region.

The bed pool for nursing and dual registered care homes in SBUHB is circa 1,211. The Sector are a fundamental element of the patient flow system and to all intents

and purposes they are providing what were previously deemed “long stay elderly care beds” and more usually dementia beds.

With a potential shrinking of nursing bed capacity, the impact on the hospitals from a delay perspective could be significant. In addition, individuals who are deteriorating at home may default into hospital if the capacity in the private sector diminishes.

The issue has been escalated to WG and there are plans to review this at an all-Wales level under the Staffing Act. Options for stabilising the situation may mean a different approach for some care homes with regards to registrant numbers and on site availability of registered nurses. Care home providers have been offered, since the COVID Pandemic, a place on the Health Board Working Groups currently exploring nurse recruitment.

Since COVID the sustainability of the fragility of the private care home sector has become of increasing concern due to the following issues providers are experiencing:-

- Providers are finding it increasingly difficult to obtain insurance as some insurance companies will not insure against COVID and those that do have insurance the cost is significantly higher.
- Providers are finding it difficult in some instances to obtain support from their banks and in some cases banks have devalued the care home property significantly based on risk to the business due to the ongoing lack of admissions.
- Another threat to the care home sector’s ongoing sustainability is that admissions to care homes have reduced significantly, this can be seen by the amount of vacant beds across the sector, with patients choosing to receive care at home. This has meant an increase in demand for community care services.

#### 4. 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<br>£m | Total<br>£m | Total<br>£m | Total<br>£m | Qtr 1<br>£m | Qtr 2<br>£m | Total<br>£m |
| MHLD                     | 20.70       | 23.01       | 24.78       | 29.98       | 6.86        | 7.86        | 14.72       |
| PCS CHC                  | 15.67       | 17.36       | 20.55       | 23.97       | 5.72        | 5.93        | 11.65       |
| PCS FNC                  | 7.28        | 7.60        | 7.61        | 8.30        | 1.80        | 1.82        | 3.62        |
| Singleton<br>Paediatrics | 0.76        | 0.83        | 1.00        | 0.96        | 0.29        | 0.29        | 0.58        |
|                          |             |             |             |             |             |             |             |

|              |              |              |              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Total</b> | <b>44.41</b> | <b>48.80</b> | <b>53.94</b> | <b>63.21</b> | <b>14.67</b> | <b>15.90</b> | <b>30.57</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:

|               | <b>2020/21</b> | <b>2021/22</b> | <b>2021/22</b> |
|---------------|----------------|----------------|----------------|
|               | <b>£m</b>      | <b>q1</b>      | <b>q2</b>      |
|               |                | <b>£m</b>      | <b>£m</b>      |
| MH&LD         | 0.63           | 0.20           | 0.20           |
| PCS CHC / FNC | 2.21           | 0.537          | 0.543          |
| <b>Total</b>  | <b>2.84</b>    | <b>0.74</b>    | <b>0.74</b>    |

In addition, the increase in expenditure is linked to:

- Increases in the FNC rate - PCT set the CHC 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%, whilst not finalised in Q2, is shown below.

| <b>Financial Year</b>  | <b>RN component</b> | <b>Contingence component</b> | <b>HB component of FNC rate</b> | <b>Social care related to FNC and so funded by LA</b> | <b>Total FNC weekly rate</b>                   |
|------------------------|---------------------|------------------------------|---------------------------------|---|--|
|                        |                     |                              |                                 | <b>(0.385 hours)</b>                                  | <b>(9.24 hours plus contingence component)</b> |
| <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 (draft)</b> | £172.12             | £12.20                       | <b>£184.32</b>                  | £7.48   | <b>£191.80</b>                                 |

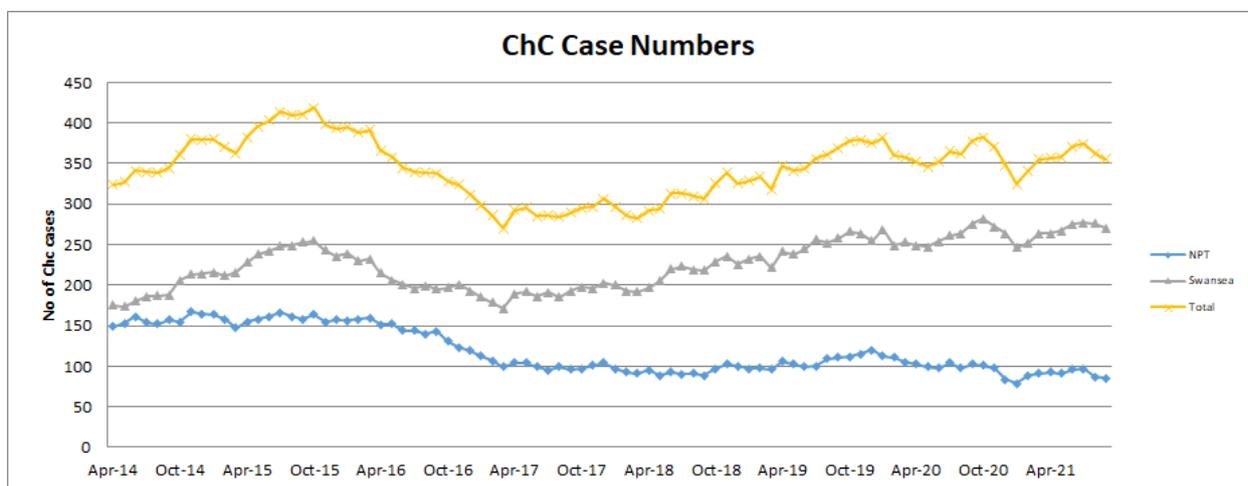
The Health Board have historically set the CHC base rate at the FNC contribution plus the cost of a Residential bed in the local area. Continuing this methodology would result in the following rate for 2021/22.

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

|                   |  |             |             |
|-------------------|--|-------------|-------------|
| <b>% increase</b> |  | <b>1.89</b> | <b>2.22</b> |
|-------------------|--|-------------|-------------|

## Primary Care and Community

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 |         |         |         |         | Qtr 1   | Qtr 2 |
|--------------|----------------------------|---------|---------|---------|---------|---------|-------|
|              | 2017-18                    | 2018-19 | 2019-20 | 2020-21 |         |         |       |
|              |                            |         |         |         | 2021-22 | 2021-22 |       |
| Under 1K     | 74.1                       | 73.6    | 73.7    | 69.5    | 68.4    | 67.8    |       |
| £1-2K        | 20                         | 19.3    | 18.7    | 20.5    | 20.8    | 20.9    |       |
| Over £2k     | 5.9                        | 7.1     | 7.6     | 10.0    | 10.8    | 11.3    |       |

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.

## 5. Mental Health and Learning Disability.

### Review of commissioned packages

The MH and LD Delivery Unit currently have 136 CHC cases comprising 53 Mental Health and 83 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 2021. 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 16 reviews undertaken during this reporting period.

### Continuing Health Care applications

A total of 5 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. One successful admission to the Hafod Y Wennol Assessment took place in July with another planned for September 2021.

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.

## **6. Children Continuing Care**

- Implementation of the Welsh Government Children & Young People's Continuing Care Guidance (2020) is being incorporated local guidance and shared at the West Glamorgan Transformation Board. The Head of Nursing and Divisional Manager are members of the work streams which includes children with complex needs and transition.
- Children services have formulated The 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. To consider Continuing Care recommendation following multi agency assessments, which includes Swansea Bay University Health Board (UHB), Swansea or Neath Port Talbot Social Care colleagues (LA) and the Local Education Authority (LEA). To ensure that universal and specialist service provision has been thoroughly considered, including where services can be utilised differently. Ensure clear financial processes are in place and adhered to, and negotiate and agree each agency's funding contribution to individual care packages, based on evidenced health, education and social care needs.

- The Health Board commissioned an external review of all continuing care packages as a result of concerns raised following feedback from families. This was completed in September 2021. The focus of the review was identifying key areas of strength, which can be built upon, and areas of potential risk, where further action might be recommended.

The review will focus in more detail on:

- the culture of care, particularly focussing on family involvement and a persons centred approach;
- direct experience of families using the service;
- direct engagement with staff within the service; and
- how professional nursing standards are delivered.
- Relationship with partnership working.

Final report completed and recommendations outlined in executive summary which was made public November 2021.

- Ongoing risk assessment throughout Covid-19 pandemic all care packages continue to be maintained, with regular contact with families to ensure safety for both families and staff. The team were organised into a small group of staff covering each child or young person which has resulted in improved continuity of staff which the parents have reported as being much better for them. Cancellation of care now reported to senior team to quality assure all mitigation has been implemented. Monthly reports feedback to Children and young People Business team.
- The children's continuing care services are receiving referrals in line with the new Children & Young People CHC framework for children with mental ill health and learning difficulties. Previously the majority of children referred to the team have been due their physical needs not being met. 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. Business case completed for additional post within the service for a lead LD nurse.
- Referral to Service x 2 both accepted and going to next stage for completion of checklist
  - 3 packages reviewed:
  - 7-night package unchanged
  - One package increase by 2 nights from previous package of 2 nights
  - One increase by 12 hours for school transport temporary increase escalated to LA transport.
  - 5 cases from Ysgol Maes Y Coed under discussion with LA transport awaiting for further discussion to arrange agreement for training and staff support.

## **7. TRANSFORMATION OF COMPLEX CARE**

Following on from the opportunities outlined in the KPMG work, partners have agreed that work around complex care needs to be developed on a regional basis. West Glamorgan partnership are coordinating a programme to achieve this.

The Transforming Complex Care Programme aims to develop key processes to reset the management of complex care cases, increasing positive citizen experiences, clarity of the administration and supervision of complex cases with one process, policy and standard operating procedures across the region.

The Implementation Group comprising of heads of service, health board leads and the third sector held their first meeting in September to finalise the task and finish groups and develop project plans for each group. The task and finish groups are:

- Overarching Policy and Standard Operating Procedure
- Financial Governance
- Packages in dispute
- Transition from Child to Adult Services
- Joint Commissioning
- Commissioning for Complex Needs
- Safe Accommodation for Children and Young People
- Implementing CYP Multi Agency Pathway

### **MH&LD Improvement Plan**

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 for 2021/22 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.

### **PCT Financial Improvement Plan**

As a reaction to sustained growth in the CHC (commissioning) spend the PCT Group has reviewed the scrutiny of funding applications by the Commissioning Team, including the following actions: -

- One local scrutiny panel in place across the region.
- Ongoing review of all CHC placements and Home packages to ensure they are right sized to meet needs within 6 months.
- Merged the Swansea and Neath Port Talbot teams.
- Monthly meetings to monitor performance across all aspects of complex funding
- Review NHS Wales benchmarking

### **8. 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.   |   |                                     |
| <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.   |   |                                     |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>  |   |                                     |
| The paper outlines the importance of collaborative working with the local authorities and the independent care sector to ensure it remains a positive place to work and receive care for the future.                                     |   |                                     |
| <b>Report History</b>  |   |                                     |

|                   |      |
|-------------------|------|
| <b>Appendices</b> | None |
|-------------------|------|