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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	16th April 2019	Agenda Item	3.2
Report Title	Continuing NHS Healthcare Quarter 3 Report: October – December 2018		
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Report Sponsor	Gareth Howells Executive Nurse Director		
Presented by	Jason Crowl (Unit Nurse Director PCS)		
Freedom of Information	Open		
Purpose of the Report	This report aims to provide an update on the Q3 activity and highlight areas of relevance to the financial and performance management relating to CHC funded care.		
	<p>Management and performance of CHC and FNC.</p> <p>Retrospective CHC Claims and the implications of the Powys All Wales Retrospective Review Team closing in March 2019.</p> <p>Actions taken to date in relation to the Supreme Court Judgement for future and backdated FNC rates.</p> <p>Escalating Concerns.</p> <p>Change in benefit system (ILF), Bridgend area.</p> <p>Planned closure of mental health beds, impact on the care home sector.</p> <p>Scoping of community packages for children in preparation for the Bridgend boundary change.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
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Recommendations	Members are asked to: <ul style="list-style-type: none">• Note the update on the Supreme Court Judgement for FNC rates• Note the impact resulting from the closure of the Powys All Wales Retrospective Review Team in March 2019.• Note the impact of the closure of mental beds on PC&CS.• Note the scope of children’s packages in preparation for the Bridgend boundary change.• WG review of the 2012 Continuing Care Guidance for children and young people.• Note issues in relation to LAC funding.• Note the change in commissioning arrangements for MH&LD.
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Continuing NHS Health Care Quarter 3: October - December 2018

1. INTRODUCTION

This report aims to provide an update on the Q3 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 CHC National Framework is currently under review, the consultation process will commence later this year, with a view to holding national workshops next spring.

Continuing Health care Funding is managed through the following arrangements:

Executive Portfolio lead – Executive Director of Nursing

Operational Lead – Chief operating Officer, delegated through Delivery Units.

Continuing Care Funding Adult Services Framework -

- Mental Health and LD Delivery Unit - complex Care Team, budget 27.1m, Unit Director is the Lead.
- Primary and Community Delivery unit - Complex Care team, budget 20.3m, Unit Nurse Director is the lead.

Continuing Care Funding Adult Services Framework –

- Singleton Delivery Unit – Children’s Services Complex Care Team, budget 1.2m, Unit Nurse Director is the lead.

3. GOVERNANCE AND RISK ISSUES

WG have issued a Performance Framework that is specific to CHC. Two key components of the Performance Framework are the Annual Self-Assessment and the Annual Sample Audit.

Work is underway with WG, via the lead CEO, to review the current and the range of groups in place. The role and function of the National Complex Care Board and Stakeholder Reference Group forms part of that consideration. The National Complex Care Board will be considering a revised approach in terms of their future remit.

Retrospective Claims

The retrospective claims process for the organisation is managed through the Primary and Community Services delivery Unit. 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. The All Wales Retrospective Review Team, based in Powys Teaching Health Board are continuing to process claims for phases 1, 2 and 3 of the project. This project will be closing in March 2019, however, approximately 70 cases will be returning to the Health Board for review and completion. The closure plan is being closely monitored.

Health Board Retrospective Claims Activated and Reviewed in Q3: October to December 2018

CASES	STATUS	COMMENT
13	Received	Applications received in Q3.
8	Activated	These are cases where all the relevant documentation has been received to allow activation ready for review.
10	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.

There are no breaches; all cases have been reviewed and completed within the recommended 6-month timeframe. There are currently 23 retrospective claims on the database.

Judicial Review

The Finance and Performance Group members will be aware of the Judicial Review process that has now ended and concluded that Health Boards are required to increase costs to cover additional elements within the overall care costs.

An action plan is being developed by the National Lead for Complex Care and overseen by Chief Executive of NHS Wales and is for discussion at a future All Wales NHS Chief Executives Meeting for agreement. On receipt of the agreed implementation plan, local arrangements will be in place to assess the impact and work through the necessary actions. A joint letter from ABMU Lead Executive Director and LA Directors has been sent to providers in June 2018 informing them of the uplift and backdated payment arrangements. Care homes are in the process of being paid the backdated fees for FNC Local Authority funded placements for 2017/18. The FNC rate for 2018/19 is currently being calculated by WG finance leads.

A proposal regarding backdating deceased self-funders is currently being prepared to consider options. There are two options, the first option is for each Health Board to manage their own claims, the second option is to extend the closure date for the Powys team and have an all Wales approach. ABMU has 1,360 deceased FNC cases; AMBU HB Retrospective Claims Team has the experience to manage these claims in house.

The judicial review impacts all FNC placements completed by PCS DU Complex Care team and MHL D Complex care team.

Pooled Budget

A pooled budget between health and social care for the provision of care to older people residing in care homes needs 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.

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.

Escalating Concerns

During Quarter 3 one care home in Neath Port Talbot was being managed under the Escalating Concerns Policy. The main concern was regarding a 92 bedded dual registered home within the NPT area, there are 22 nursing and 74 residential placements. As of February 2019 all restrictions have been lifted, the care home is out of Escalating Concerns, however, continued monitoring will take place.

Continuing Health Care Disputes

CHC disputes continues to present a challenge to the Delivery Units with the prime responsibility for managing this agenda: Mental Health/Learning Disability, Primary Care and Community Services and Singleton. The current CHC Dispute Resolution Policy has not been updated in anticipation of the new CHC framework. Due to the delay in the new framework, the dispute policy requires urgent review.

NUMBER OF PATIENTS IN DISPUTE	REASON FOR DISPUTE	ACTIONS TO RESOLVE	ADDITIONAL INFORMATION
4	DST Meetings wherein there was an outcome that the patient had a Primary Health need (PHN) and therefore CHC eligible. The cases are in dispute as the CHC Team have not been able to ratify the decision of the MDT due to lack of supporting evidence.	The MDT has been tasked with providing the written clinical evidence so that the decision can be ratified. Progress is managed through monthly meetings between Service Manager and Team Leader of Swansea Community Learning Disability Team, members of the CHC Team and the Social Work Team Leaders for CCoS. When this information is received and scrutinised and PHN is established the HB accepts funding responsibility from the date of the DST Meeting.	Relates to delays in supporting information to ratify clinical decisions.
13	Cost increases for service users attending CCoS Day Services.	The significant cost increases have been scrutinised by the DU Senior Business Partner and a financial analysis with a suggested cost per unit has been returned to CCoS Principal Finance Partner. This is an ongoing negotiation.	The second and third disputes are collective and relate to cost increases for the HB.
9	The total or partial withdrawal of supported living grant by CCoS from service users in receipt of CHC funding by the HB or joint funding with CCoS. This is limited to a single provider who has reported this change to the HB. There has been no correspondence from CCoS regarding this change.	HB Finance Partner is liaising with the provider to clarify the additional costs to the HB	

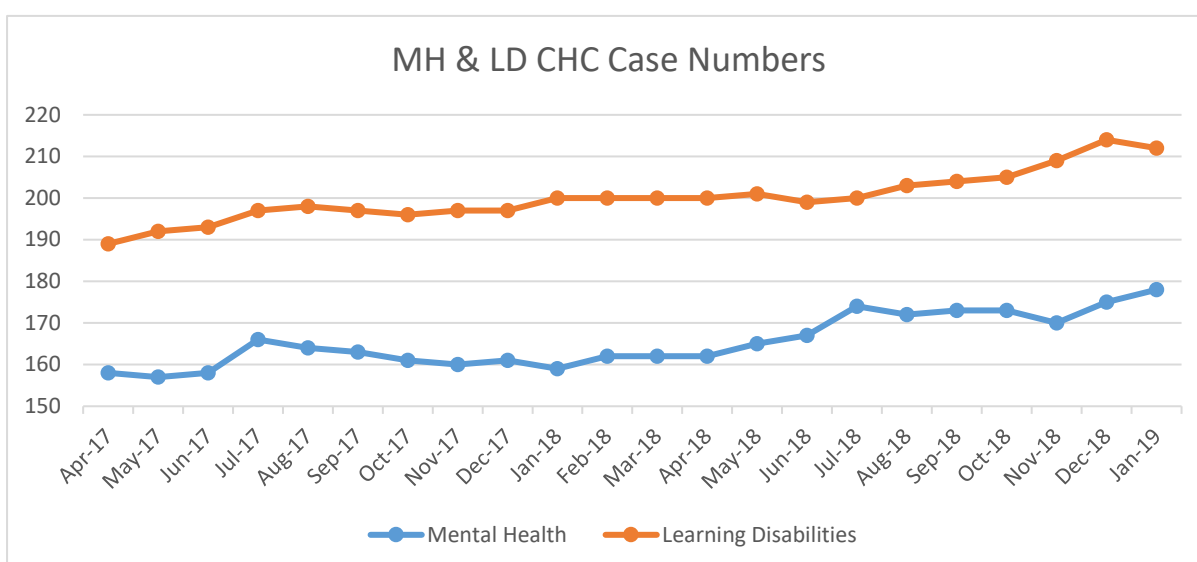
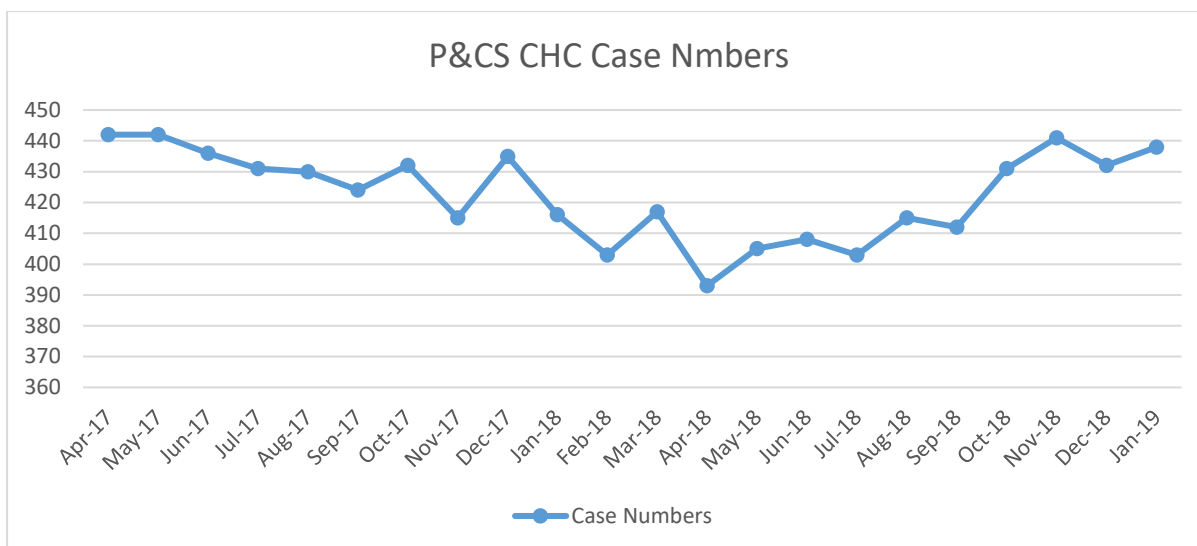
4	Service users have been admitted to DGH from CCoS funded placements that have had discharges back to these placements delayed due to the insistence of CCoS that a DST Meeting is held prior to discharge.	In all of these cases the HB has taken over the funding on a temporary basis whilst the DST meeting can be arranged, in order to enable the service user to be discharged.	
3	Three cases in Cefn Coed Hospital waiting for high cost specialist placements.	Cases are currently under review to determine complexity of health needs. This information will support the level of placement required.	Awaiting reviews.
20	20 Looked After Children's cases are being reviewed in order to determine level of health needs.	The Long Term Care Team are reviewing each case in order to determine the health needs. A meeting has been arranged with Swansea LA to discuss the methodology in relation to managing these cases from the Health Board's perspective.	All cases under review in preparation for meeting with Swansea LA.

Change in ILF Benefits Bridgend CBC

The Long Term Care Team in the Bridgend area have received several requests from Local Authority to jointly fund community packages of care where an individual is having their social benefits such as ILF reviewed. The expectation is that the HB will fund any gaps in provision to sustain current packages of care. However, the Health Boards stance is that any identified health needs will be supported by core services.

Number of CHC Cases

There has been an increase in the number of CHC cases in Q3, however, this can be attributed to several factors. The minimal number of discharges from the care home setting throughout the summer months, improved in reach services to care homes and public health initiatives such as the flu campaign. The work being undertaken in relation to the prevention of falls has also made an impact. These influencing factors are reflected in the minimal number of care home vacancies across the region.



4. FINANCIAL IMPLICATIONS

The downward trend in number of patients receiving general community CHC packages of care in recent years has reversed in 2018/19 and the more appropriate placement of patients with EMI needs in the community creates an impact to Health Boards overall CHC budget position. As more patients receive a greater proportion of their care in the community, the overall CHC budget will increase.

Category	Total 2017/18 £m	Qtr 1 2018/19 £m	Qtr 2 2018/19 £m	Qtr 3 2018/19 £m	Forecast 2018/19 £m	Forecast 2019/20 £m
MH&LD CHC	27.1	6.6	6.9	7.2	28.1	29.8
P&CS CHC	20.3	4.9	5.5	5.8	21.7	23.8
FNC	9.1	2.4	2.4	1.6	9.4	9.7
Paeds	1.2	0.3	0.3	0.3	1.2	1.2
Total	57.7	14.2	15.1	14.9	60.4	64.5

Weekly rate increases were applied in quarter two in relation to 2018/19 CHC Uplift and FNC Judicial Review uplift for P&CS CHC. These were backdated to April and funded by the Health Board.

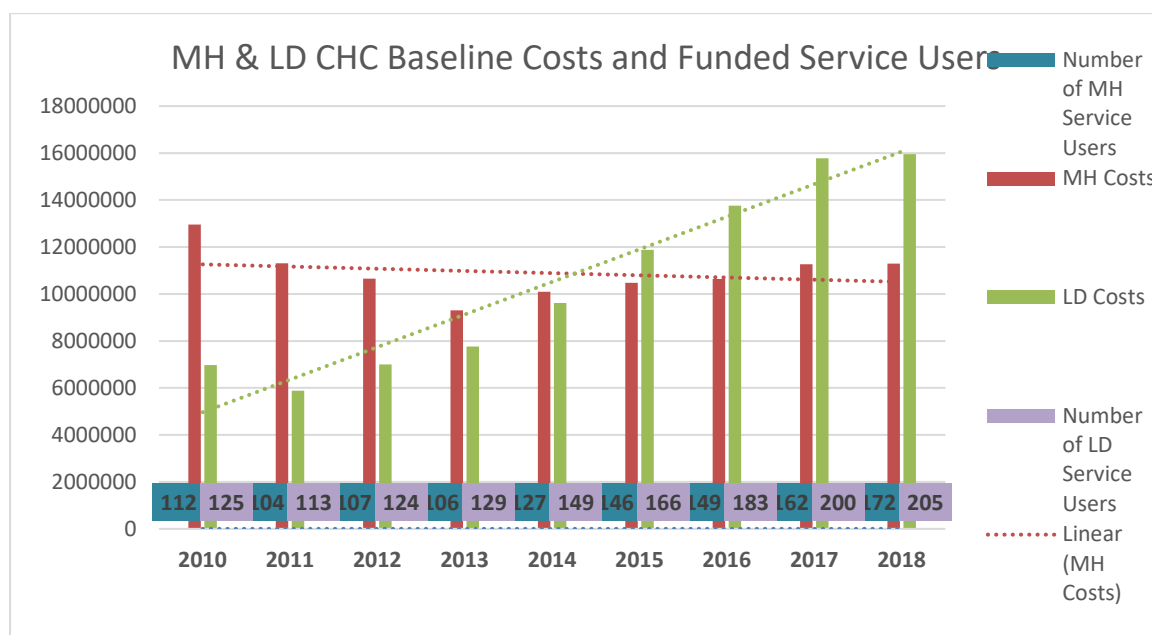
The impact of the increase in CHC case numbers in both MH & LD and P&CS can be seen in the 2018/19 forecast and the 2019/20 forecast. Many of these increased cases only have a part year effect in 2018/19 so even without any further increases in case numbers there is a significant increase in cost expected next year from the full year effect of current year case increases.

The Health Board is liable for additional backdated and ongoing costs in relation to the FNC Judicial Review. This is due to a further challenge on the historic FNC rate rebasing exercise carried out in 2014 covering calculations by Laing & Buisson. This along with the agreed 2018/19 inflationary uplift results in an additional increase in the FNC rate of £3.61 per package per week. This will be actioned in quarter four.

5. Mental Health and Learning Disability.

As a reaction to sustained growth in the CHC (commissioning) spend the MH&LD Delivery Unit has reviewed the function of Commissioning Team scrutiny of funding applications.

The following graph demonstrates the failure to arrest the increases in growth of LD funded care in particular. This is in terms of both total costs and numbers of service users that are receiving funded care. There are increasing cost pressures in mental health commissioning also, with a marked increase in woman service users being funded to transfer to independent sector low secure and locked rehabilitation units.



The cost pressures for 2018-19 are demonstrated in the graph below, wherein the monthly overspend for funded care costs is running at £388k on average. This is unsustainable and places increasing pressure on clinical budgets to maintain financial targets.

A business case has been produced for the consideration of the Mental Health and Learning Disability Delivery Unit. The purpose of this business case is to establish the need to extend the current Adult Mental Health CHC team. It is recommended that this is achieved by making substantive appointments to meet capacity and operational demands of managing funded care in the Delivery Unit. The case also makes reference to governance mechanisms that need to be created and strengthened to manage the flow and capacity into funded care and service developments that will support funded care cost containment.

As of December 2018 the responsibility has been devolved to Locality Teams.

The Locality based Scrutiny Panels have been introduced to:-

- Consider local alternatives to high cost funded care packages.
- Enhance quality of funding applications.
- To influence and support repatriation of individuals from Independent Hospital provision, both within and outside of Wales.
- Allow the MH&LD Commissioning Team to refocus time and resource on quality assurance reviews of patients in funded care.

As a consequence monthly Locality Complex Case Panels have been introduced and preparations are underway to disaggregate CHC budgets accordingly.

A monthly MH&LD Governance group for CHC/Commissioning chaired by the Service Director is being set up to have enhanced oversight over operation and expenditure.

As a result of the boundary changes the MH&LD Commissioning Team will be reduced by two full time Case managers who will transfer over to Cwn Taf Heath Board in April 2019.

6. RECOMMENDATION

The Committee is asked to:

- **Note** the update on the Supreme Court Judgement for FNC rates.
- **Note** the Health Board's Retrospective Claims team are able to manage the reimbursement of deceased self funders in house rather than contract out to the All Wales Powys Team, the cost for Powys to undertake this work is not known at this stage.
- **Note** the closure of the All Wales Retrospective Claims Team.
- **Note** the change in commissioning arrangements for MH&LD.

Appendix 1
Swansea Bay CHC Action Plan

No	Planned Delivery Date/ Start Date	Action	Lead	March Update
1	June 2019	MHLD Business case to strengthen Complex Care team to deliver the CHC improvement plan	CHC Lead of MHLD	On Track
2	June 2019	Establish a cross unit and interagency task and finish group to deliver interim procedures for CHC Dispute Resolution.	CHC Lead Director	On Track

Governance and Assurance											
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships		
	✓		✓		✓		✓		✓		
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources				
	✓	✓	✓	✓	✓	✓	✓				
Quality, Safety and Patient Experience											
Outlines the current position and areas of dispute which may be resulting in delays to discharge.											
Financial Implications											
Paper describes the financial position and the risk associated with increasing demand for CHC funding											
Legal Implications (including equality and diversity assessment)											
Paper provides an update on the legal which are current.											
Staffing Implications											
None identified											
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)											
Paper provides an update for the latest period and outlines key future issues											
Report History			Finance and performance Committee March 2019								
Appendices			Appendix 1 Action Plan.								