Continuing Health Care (CHC)/ Complex Care Performance Report

Q1 2026/27

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August 2026

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Key messages for Q1 26/27

- Children and Young People's Continuing Care was the only area to see a **reduction in demand** for packages of care in Q1 26/27. However, spend to date has increased compared with last year due to workforce constraints and subsequent use of agencies.
- Mental Health services experienced the largest increase in demand, with packages of care rising by **16%** compared with Q1 2025/26. This figure excludes acute inpatient and PICU placements sourced from independent sector providers. However, it is important to note that the data reflects the number of packages of care rather than the number of individuals receiving care. Due to limitations within the National Complex Care Database (NCCD), additional observations are recorded as separate packages rather than enhancements to existing care packages. As a result, while activity has increased by 16%, the actual increase in the number of patients supported is likely to be lower. The service is currently working with Digital colleagues to manually adjust the data to provide a more accurate representation of individuals receiving support. In the long term, this issue will be resolved through the implementation of the new digital case management system, which will enable more accurate reporting of patient activity.
- 13 high- cost cases reviewed by Executive Oversight Panel in Q1 with an expected annual cost of **£3.9m**. Of the 13 cases, 11 were for Mental Health and Learning Disabilities at a cost of £3.6m per annum. As a Q1 MHLD achieved their CHC savings target of £0.5m however, the year-end expenditure forecast has risen to £3.472m compared to £1.385m in Month 2 due to new high-cost cases. The service continues to explore all possible opportunities through rightsizing and reviews to mitigate this risk and reduce the overspend.
- Savings plan for Long Term Care (hosted by Primary, Community and Therapies Service Group) is planned to be delivered from Q2.
- Transformation programme and savings delivery plan are progressing however, capacity continues to be a constraint therefore, continuous prioritisation and streamlining of meetings is undertaken to maximise resource.
- Joint transformation programme with the Local Authorities (supported by the West Glamorgan Regional Partnership) is progressing with the design of a regional joint funding matrix for Learning Disabilities. Next phase is testing which is due to take place in Q2.
- SBUHB has invested in a cost benchmarking tool called CareCubed which will support the Health Board in assessing value for money for packages of care.
- SBUHB are in the final stages of the procuring a new digital case management system for CHC and complex care which will support accurate records management and performance reporting.
- SBUHB has been approached by an external company regarding a pro-bono desktop review of 10 high-cost cases. Focus will be on opportunities from a contracting/ commissioning perspective and not about cost shifting to Local Authority partners.
- SBUHB has received 1 Direct Payment request which is currently going through the process to determine whether Direct Payments are suitable. Funding received from Welsh Government for 26/27 to support implementation of Direct Payments. SBUHB plan to utilise the funding for additional administrative support and to commission and external company to provide the support, advice and financial transaction service for recipients of Direct Payments.

Q1 2026/27 vs Q1 2025/26

Total Caseload
1,896 ▲ +6.0%

Spend
£26.2m ▲ +2.8%

New applications received for CHC and Funded Nursing Care
498 ▼ -7%

Total Caseload Trend

1,788 → **+108 (+6%)** → **1,896**

79 reviews outstanding:
- 70% are community CHC reviews

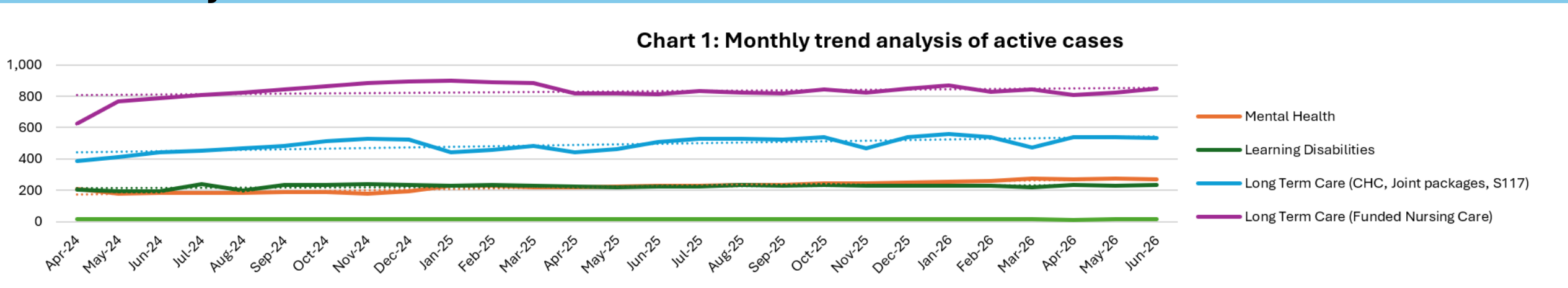
13 new high-cost cases approved equating to **£3.9m** per annum

HIGHEST GROWTH AREAS:

Community/ Domiciliary Care
136 → 168 (↑ 24%)

Nursing/ Residential Home
811 → 848 (↑ 5%)

Trend Analysis



Transformation Programme- Overview

Actions completed in Q1

- Completed the procurement of CareCubed licences, providing access to a robust cost benchmarking tool to support commissioning and value-for-money assessments.
- Secured approval for the business case for a new digital Case Management System, which will enhance case tracking, recording, reporting and data intelligence to support the effective management of CHC, Funded Nursing Care (FNC) and Complex Care.
- Finalised the design of the Joint Funding Matrix for Learning Disability cases in partnership with Swansea and Neath Port Talbot Local Authorities, providing greater clarity and consistency in funding arrangements.
- The scope of the Regional Accommodation Strategy workstream has been agreed, providing greater clarity on priorities and enabling a more targeted approach to delivery. Immediate priorities include:
    - Development of regional CHC contract
    - Development of regional fee setting methodology
    - Design and implementation of outcome based commissioning and contract monitoring arrangements that will maximise capacity across the region and provide consistency across partners
- Secured external provision to support review of commissioning/ contracting opportunities for high cost packages of care (ten cases will be undertaken on a pro-bono basis)

Actions planned for Q2

- Roll out CareCubed across the service, including delivery of staff training and development of a Standard Operating Procedure (SOP) to embed its use within existing case reviews and the scrutiny of new high-cost placements.
- Complete procurement and commence project plan to implement new digital case management system.
- Pilot the Joint Funding Matrix on three Learning Disability cases currently subject to dispute regarding funding contributions, to test its effectiveness and inform wider implementation.
- Work with an external partner to undertake a desktop review of 10 high-cost cases, identifying opportunities for improved commissioning, contracting and value for money.
- Secure agreement from neighbouring Health Boards to participate in a reciprocal peer review process for cases where there is disagreement regarding the determination of a primary health need.
- Complete procurement of specialist external support to provide the expertise, advice and financial infrastructure required to implement Direct Payments.
- Work collaboratively with Local Authorities to review proposed 2026/27 fee uplifts, taking into account provider feedback and affordability considerations.
- Develop proposal to take forward Deloitte's recommendations for an optimal operating model for Long Term Care Team including service delivery model for domiciliary care and district nursing.

Risks and issues	Mitigations
Insufficient programme management capacity and expertise to drive and coordinate delivery at the required pace.	A proposal has been presented to the Delivery Unit to secure dedicated programme management capacity and expertise to support delivery of the transformation programme
Workforce and capacity pressures within Centralised Commissioning and operational services continue to constrain progress.	Prioritising delivery actions and aligning available resources to areas of greatest need, ensuring programme implementation does not adversely impact business-as-usual activities.
Delays in Local Authority resource allocation are limiting progress in reducing the backlog of reviews.	Meeting scheduled with Swansea Local Authority on 4 August 2026 to agree an approach to addressing outstanding Older People's reviews. Discussions regarding Learning Disability reviews have already taken place, with a monthly trajectory developed to support monitoring and delivery of the review programme
New and emerging high-cost placements present a risk to the sustainability of savings achieved.	Strengthen oversight through the High-Cost Oversight Panel and Service Groups, prioritising more frequent reviews and continuing to explore alternative care models and service provision where appropriate
Alignment with Local Authority fee-setting arrangements may result in increased costs to the Health Board following the conclusion of provider negotiations.	Initial confirmation of fee uplifts has been shared with providers, aligned to the rates agreed by Local Authorities. Ongoing engagement with Local Authorities will continue to support consistency in approach, manage affordability considerations and ensure a coordinated response to provider feedback.

2026/27 Delivery Plan- Key Performance Indicators (KPIs)

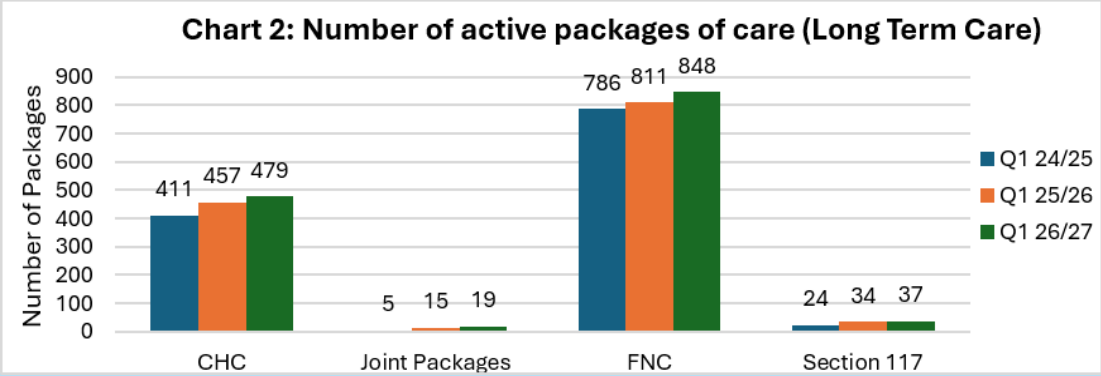
The following KPIs comprise the 2026/27 delivery plan, all of which are dependent on engagement from Local Authorities or peer support from neighbouring Health Board areas.

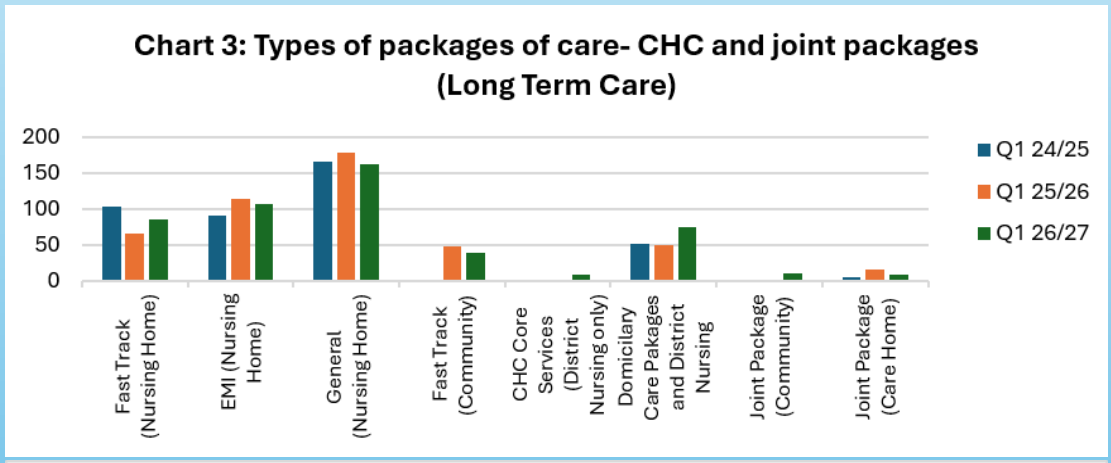
SBUHB is currently working with Local Authorities to agree trajectories for clearing the backlog of reviews. In addition, a meeting has been scheduled with Cardiff and Vale UHB in September to explore the establishment of a reciprocal peer review process for cases where there is a dispute regarding Primary Health Need.

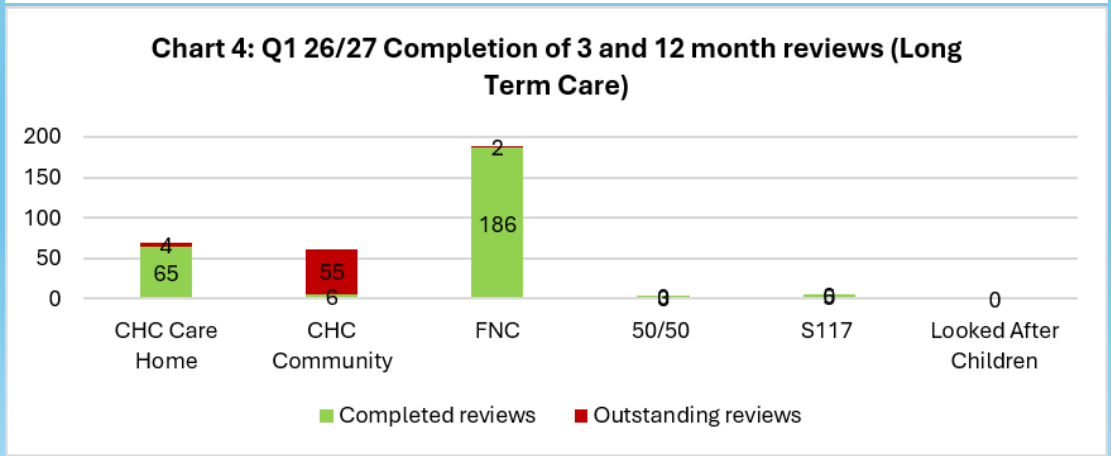
It is anticipated that the Q2 report will include agreed trajectories, enabling monthly performance monitoring and reporting against each indicator.

Category	Reason for backlog	Backlog to clear	Action Required
Long Term Care	Awaiting allocation of Social Worker to undertake Decision Support Tool (DST)	15	Agreement and trajectory from Local Authority to undertake reviews
Learning Disabilities	Dispute over whether patient has a Primary Health Need	17	Establishment of multi-agency peer review process with neighbouring Health Board areas to provide objective view on cases
Learning Disabilities	Awaiting allocation of Social Worker to undertake Decision Support Tool (DST)	23	Agreement and trajectory from Local Authority to undertake reviews
Learning Disabilities	Dispute over funding split between health and social care	15	Development and implementation of Joint Funding Matrix

Long Term Care Overview







Key highlights:

- CHC activity has increased slightly but remains in line with expected seasonal patterns. However, rising patient acuity is driving growth in higher-cost packages of care. To support timely discharge and patient flow, interim 50:50 funding arrangements are often agreed with Local Authorities while funding responsibility is resolved. Delays in package reviews can extend these arrangements, contributing to additional expenditure.
- Nursing home placements continue to represent the highest area of demand however, domiciliary care saw the biggest percentage increase compared with last year (74 in Q1 26/27 compared with 49 Q1 25/26).
- 280 three and twelve month reviews were completed in Q1. As at June 2026, 61 reviews were outstanding of which 55 (90%) are reviews for CHC community packages.

Key drivers/ issues:

- Reduced capacity within District Nursing resulting in 61 outstanding community reviews at the end of June 2026.
- One care home placed in Escalating Concerns – increased monitoring by Long Term Care Team continues. It is on the Service Group's Risk Register as a significant risk.
- Significant number of care home patients waiting social worker allocation for reassessment which is resulting in the Health Board fully funded packages of care for longer than appropriate.
- Care Homes- The overall occupancy in the independent sector for Swansea & Neath Port Talbot Locality is 91%.
- Increased requests for private domiciliary care for community CHC patients due to reduce District Nursing capacity.
- Increased requests from LA for CHC assessments for patients currently receiving LA Direct Payments.

Actions planned for next quarter

- Continue to progress with Direct Payment requests in line with national guidance.
- Prioritise outstanding community reviews and ensure reviews of high-cost placements are completed on time.
- Continue to progress with community review recommendations from Deloitte with the aim of increasing District Nursing capacity by implementing an optimum operating model.
- Meeting scheduled for 4th August with Swansea LA to agree an action plan and trajectory for addressing the current backlog of reviews and progressing the reassessment programme.

Long Term Care- Financial Overview

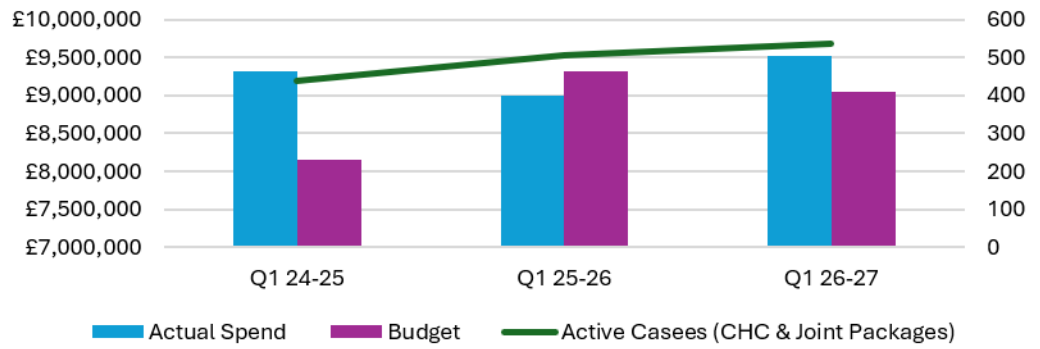
Q1 26/27 Summary

Q1 26/27 position: End of Q1 saw a £659k overspend against the budget of £11.4m. Chart 5 shows 26/27 budget is less than 25/26 but spend has increased. The budget reduction is the result of the 26/27 HB plan requiring the removal non-inflation growth funding provided in 25/26. The spend increase is primarily driven by the 25/26 uplifts agreed after Q1 last year. This is fully funded.

Current forecast for 26/27 is £2.6m overspent. This is expected to follow the normal seasonal trends of increasing towards December and decreasing from December to March.

Chart 5 shows active cases have increase by 20% since Q1 24/25. The largest portion of the increase happened towards the end of Q1 26/27. The driver of the spike needs to be established but the increase has been factored into the financial forecast above.

Chart 5: CHC and Joint Packages of Care (excl. Funded Nursing Care)



High cost cases

In Q1 2026/27, two high-cost care packages (each exceeding £150,000 per annum) were considered by the Executive Oversight Panel. Both packages were approved, with a combined annual cost of £643,000.The packages related to different providers for specialist care home placements. While the individual circumstances of each case differed, a common factor was the absence of suitable alternative accommodation options that could meet the individuals' needs at a lower cost.

Savings Target for 26/27: £473k

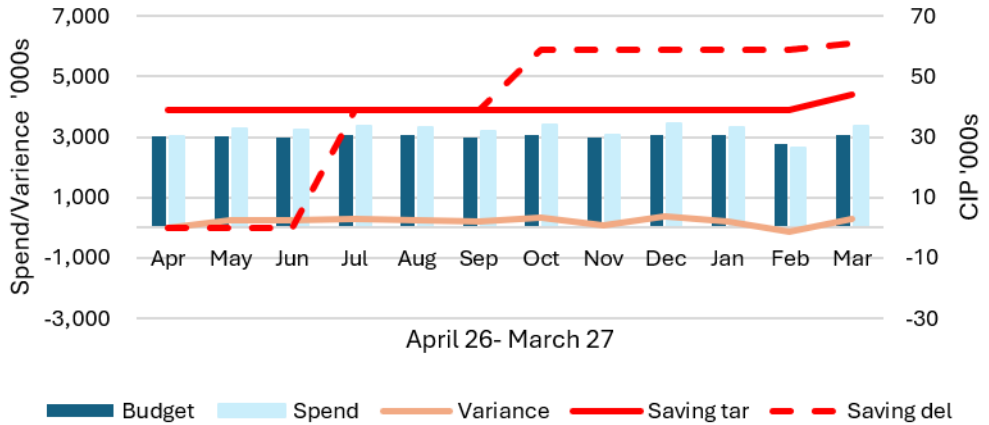
Savings Realised as at Q1: £0k (savings plan due to commence in July 26)

The savings plan for 2026/27 is primarily based on identifying and transitioning eligible care packages from CHC to Funded Nursing Care (FNC). This is dependent on Local Authority review and agreement of the relevant cases.
A meeting has been scheduled for 4th August to agree an action plan and trajectory for addressing the current backlog of reviews and progressing the reassessment programme.

Alternative approaches to delivering the savings target have been explored; however, all viable options similarly require the Local Authority to undertake comprehensive reviews of the cases concerned.

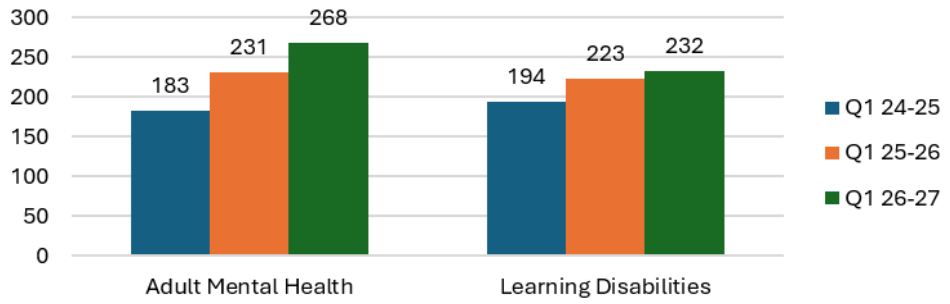
In addition, the ongoing cleansing and validation of records associated with the implementation of the new digital case management system is expected to identify further efficiencies and contribute to the delivery of savings.

Chart 6: PCCT CHC Spend & Savings performance



Mental Health and Learning Disabilities- Performance Overview

Chart 7: Number of active packages of care (MHLD)



Chat 8: Types of packages of care (MHLD)

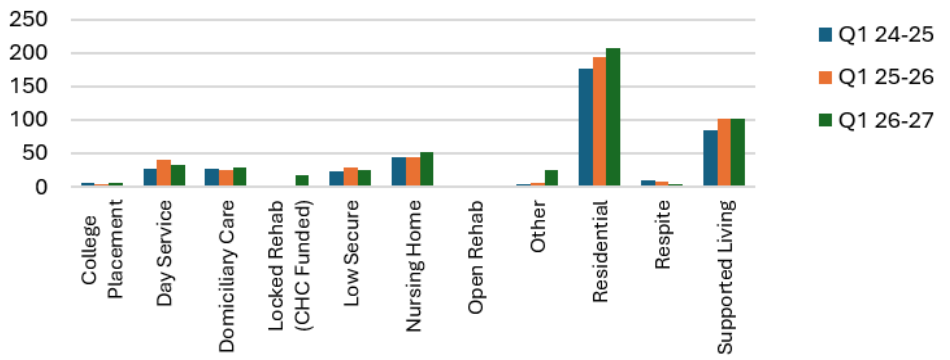
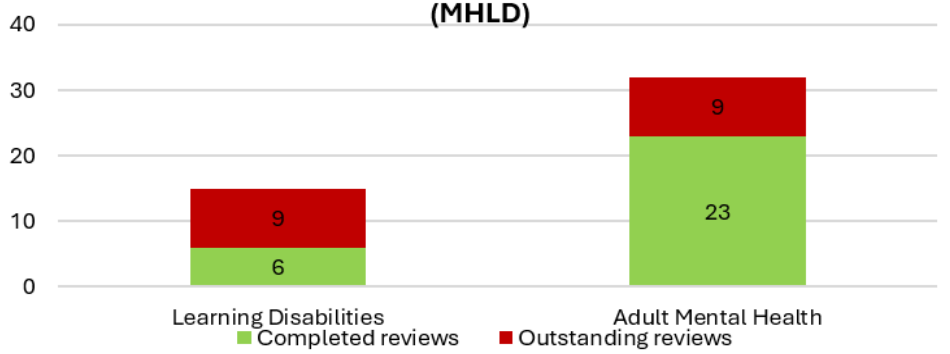


Chart 9: Q1 26/27 Completion of 3 and 12 month reviews (MHLD)



Key highlights:

- Demand for Mental Health (MH) packages (excluding private acute MH inpatients) has increased by 16% and Learning Disabilities (LD) packages have increased by 4%. However, whilst the demand for MH packages has increased, it is likely to be less than 16% due to a double counting issue with the National Complex Care Database (NCCD) as additional observations are being counted as new packages of care. This issue needs to be manually rectified due to the limited functionality of NCCD.
- The complexity and acuity of patients' needs continue to increase, resulting in higher package-of-care costs. This is primarily driven by the requirement for enhanced support arrangements, including increased levels of observation and 1:1 care.
- Residential placements account for the largest proportion of commissioned care (42%), and these packages also saw the largest increase compared with 25/26 with 20 more cases in Q1 26/27.
- By the end of June 2026, 72% of in-year MH reviews and 40% of LD reviews had been completed. Eighteen reviews were overdue at quarter-end. Efforts are being focused on increasing review capacity to reduce the backlog and ensure reviews are completed within expected timescales, while continuing to prioritise high-cost placements and packages of care.

Key Issues/ Drivers:

- Several drivers contribute to the level of demand, primarily a continuation of pressure within adult mental health services and unscheduled care which appears to be overflowing into complex care commissioning.
- Routine reviews have identified a significant number of individuals who require a reassessment of their NHS Continuing Healthcare (CHC) status. Where this applies, Decision Support Tools (DSTs) are being scheduled jointly with the relevant Local Authority. However, this process has become protracted due to resource constraints within the Local Authorities, particularly a shortage of Social Workers to support timely completion. The prioritisation of DSTs is currently being progressed through the Joint Working Arrangements workstream of the Transformation Complex Care Programme Board with discussions ongoing in relation to the timely allocation of Social Worker support.
- There are increasing requests for additional observations by both our own clinical teams and independent sector providers on existing packages. This issue is closely monitored by the Service Group via Scrutiny Panel and Complex Case Panel.

Actions planned for next quarter:

- Discussions are ongoing with Neath Port Talbot (NPT) LA to look at the existing Brokerage process to see where changes can be made to streamline the process to increase efficiencies and provide education and resources to the Care Co-ordinators.
- Ongoing meetings with both Local Authorities via the CHC Programme Board to establish a joint working protocol, funding and dispute agreement.
- Ongoing meetings with both Local Authorities to establish a Joint Funding Matrix for cases where a DST has been completed (No PHN found), but Health needs exist and a degree of Health Board funding is required. Testing of the Funding Matrix on 3 chosen cases will commence in Q2.

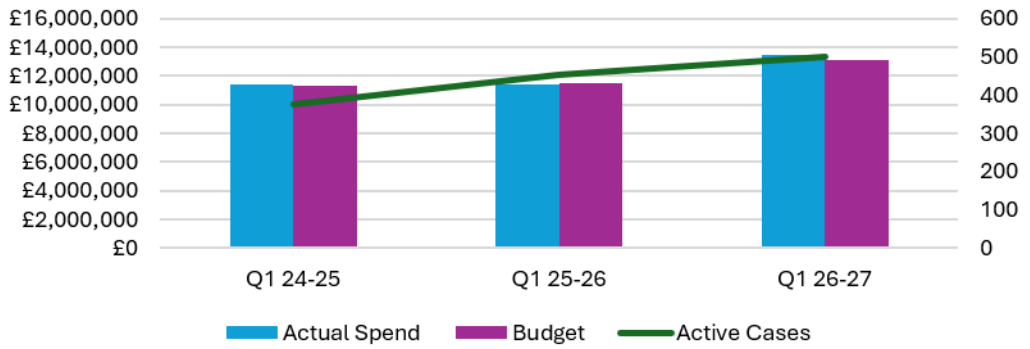
Mental Health and Learning Disabilities- Financial Overview

Q1 26/27 Summary

As at Q1 26/27, there is an overspend of £345k. There has been a large increase in the level of the overspend in month and this is due to new year growth and the increased cost of additional observations. There is a large baseline cost pressure from last year's growth and new year growth has increased significantly.

Current forecast for year end is £3.472m compared to £1.385m in Month 2. High-cost new cases have been recognised in month along with a significant step up in another package and recurrent observation costs for some patients which have contributed to the deterioration of £2.087m once these costs are extrapolated across the year. Work continues to identify right-sizing and repatriation opportunities to reduce the level of expenditure.

Chart 10: CHC and Joint Packages (MHLD)



High cost cases

In Q1 2026/27, eleven high-cost care packages (each exceeding £150,000 per annum) were considered by the Executive Oversight Panel. All eleven packages were approved, with a combined annual cost of £3.6m.The packages related to different providers and the majority of packages were for locked rehabilitation. Due to the costs of the packages, these cases will be reviewed more frequently than the standard 3 and 12 months ensuring that the package is not only rightsized in line with the individual's needs but also continuing to source suitable alternative accommodation provision.

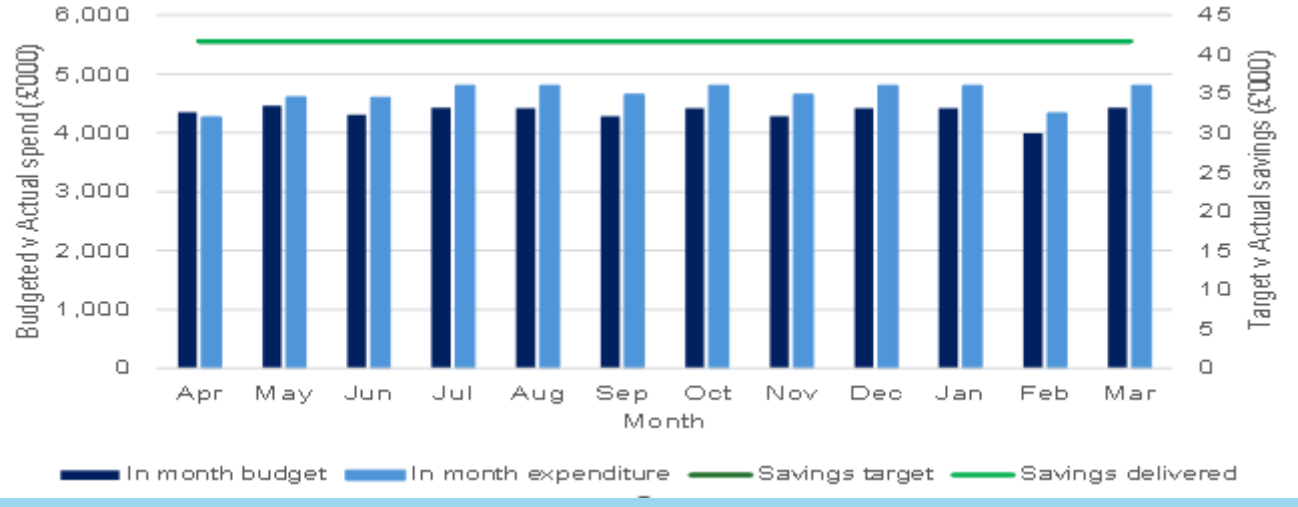
Savings Target: £0.5m, Savings Realised: £0.5m

Savings delivered to date are from three high cost packages that have been reviewed and rightsized (one step down, one step up to High Secure Unit, and one repatriation to Low Secure Unit).

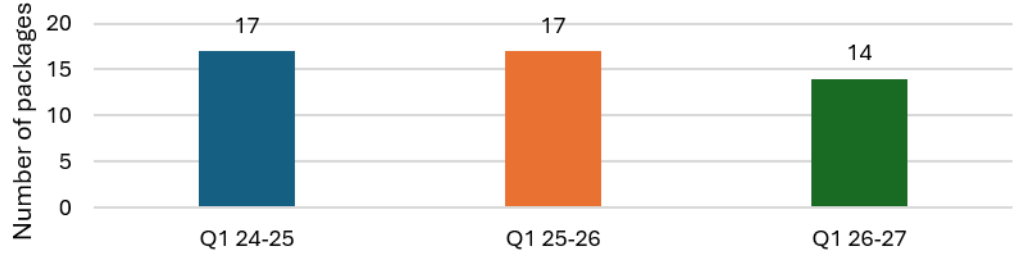
An additional housekeeping saving charged to CHC also met in full (£230k).

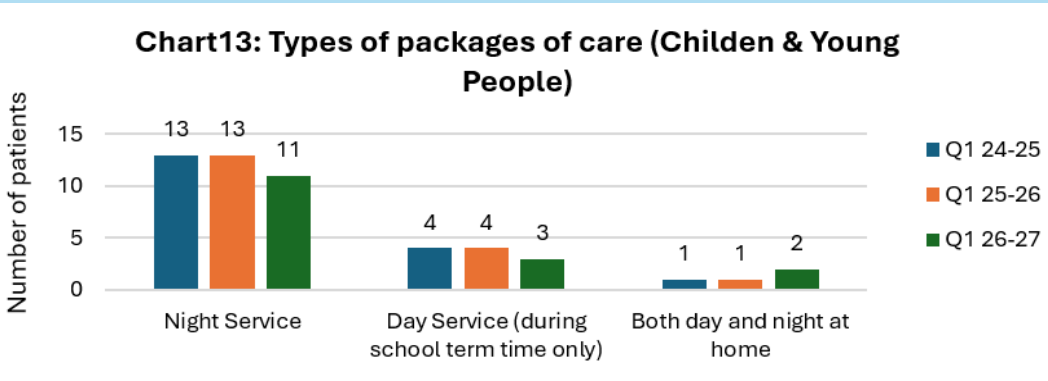
Any further reduction in the cost of packages of care from right-sizing and repatriation will be used to mitigate the costs of new year cost growth for which there is no funding and to cover the underlying deficit from last financial year which stands at £146k per month.

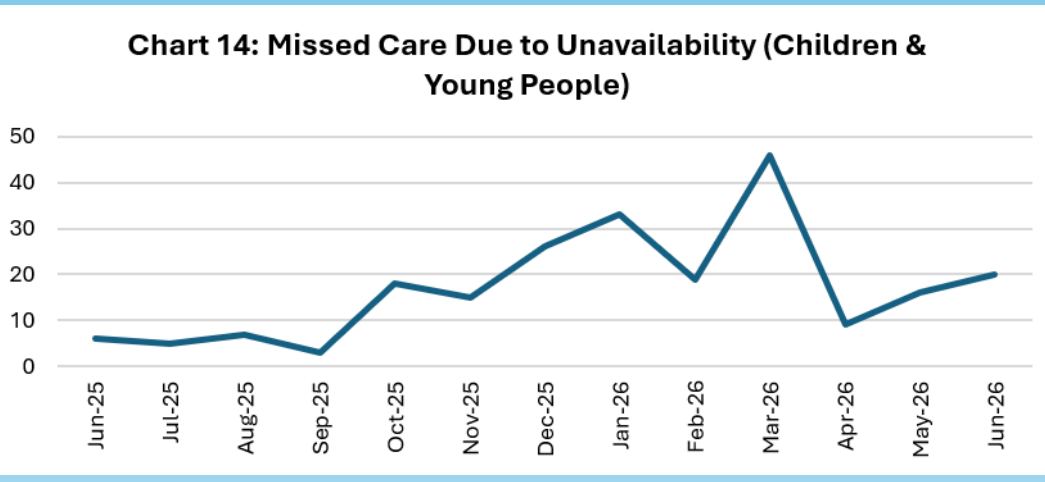
Chart 11: Monthly breakdown of expenditure and savings (MHLD)



Children and Young People- Performance Overview







Key highlights:

- At the end of Q1, a total of fourteen active Packages of Care (POC) were in place across Children's Services. These packages collectively delivered 1,076.5 hours of care per week, which included:
  - 112.5 hours of term-time day care
  - 859 hours of night support
  - 105 hours of daytime support at home
- The end of Q1 POC position includes the hours associated with new packages , enhanced and urgent end of life support packages
- The above figures exclude a new eligible POC presented at Panel during June , which is in the process of being implemented.
- All POC are staffed by Health Care Support Workers (HCSWs) at Band 3 and Band 4, aligned to the level of dependency and complexity of each child's care needs. There are currently 9.99 WTE vacancies which is challenging with the demands of the service and the complexity of these packages and the process is impacting on our delivery of care and to ensure we can deliver on new and increased packages
- All 3 and 12 months were completed on time for Q1.

Missed Care Episodes – Q4 Overview (April – June)

- There has been a continued pattern of missed care episodes across the quarter, primarily associated with staffing shortages within unregistered roles.
- In all cases, care responsibilities reverted back to parents, creating potential pressures on families and impacting the continuity of planned care packages.

Key Drivers/Issues

- The workforce risk remains on the register with a current score of 16, against a target score of 12. Ongoing unavailability within the unregistered workforce continues to create staffing deficits, impacting the ability to deliver care packages and resulting in continued reliance on bank staff to maintain service provision.
- Mitigation measures remain active, including backfilling with bank staff and increasing the number of bank-only contracts to strengthen workforce resilience.
- The service has had agreement to cover partial packages with agency and this is cost effective as no use of headroom and have proven successful. With the forecast of not being able to fill vacancies and training in the next 6 months it is likely that the hybrid model will need to continue in order to limit further missed care episodes.
- Datix reporting continues to be utilised to monitor incidents, capture themes, and support ongoing audit and governance.

Children and Young People

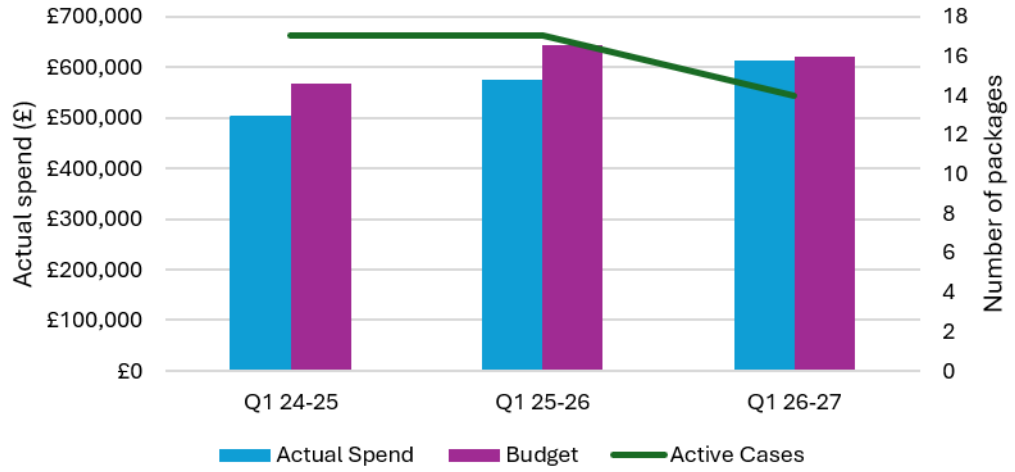
Q1 26/27 Summary

As at Q1, C&YP are reporting an underspend position of (£6k). This includes a pay underspend of (£32k) with Non pay at £26k over, primarily due to the unmet CIP target.

As the service is an internal run service with Swansea Bay staff covering the packages of care, recruitment and retention of staff has been an issue over a number of years. The current pay position is a result of current vacancies and unavailability of staff. The Service Group has agreed the use of bank and agency to provide these shortfalls in care.

The forecast position is estimated at £67k overspend for 26/27 with recruitment to HCA level planned for Q3/Q4.

Chart 15: Children and Young People Continuing Care Packages



Savings Target: £81k, Savings Realised: £0

The service has been allocated a CIP target of just under £81k, the majority of which relates to the HCSW Reduction in Variable Pay/Vacancy Substantiation target.
Due to staffing shortages and the requirement to maintain packages of care during 2025/26, the service received approval to utilise bank staffing to ensure safe service delivery. This reliance on variable staffing has continued into 2026/27, reflecting the ongoing challenges in recruiting and retaining substantive staff.
Whilst no specific schemes have currently been identified to deliver the full £81k CIP target, all areas of expenditure and potential efficiencies are being actively explored.

Of the total target, £64k relates to reduced variable pay and vacancy substantiation. However, achieving this element remains particularly challenging, as variable pay has been essential in maintaining commissioned packages of care in the context of existing vacancies and staff unavailability. Approval was previously granted to fund staffing to the required level of care packages, and the service is continuing to explore a mixed approach, including the limited use of agency staffing where necessary, to ensure safe and sustainable service provision.

Direct Payments

Direct Payments (DP) for NHS Continuing Healthcare (CHC) represent a significant reform introduced through the Health and Social Care (Wales) Act 2025, enabling Local Health Boards to provide funding directly to eligible individuals so they can arrange their own care.

From 1 April 2026, the National Health Service (Direct Payments) (Wales) Regulations 2026 come into force, allowing individuals with CHC to request a direct payment as an alternative to services commissioned by the NHS. Welsh Government has published statutory guidance setting out how DP should operate in practice, covering eligibility, care planning, financial management, safeguarding and governance arrangements.

As at the end of Q1 26/27 SBUHB has received 1 Direct Payment request which is in the process of being considered.

Direct Payments Implementation Plan

A Task and Finish Group has been established within SBUHB to lead and coordinate the implementation of Direct Payments and continues to meet fortnightly. Representatives from the Health Board also maintain active involvement in national implementation meetings, ensuring alignment with national developments and the latest guidance.

The table below provides an overview of progress against the Health Board's project plan. Most of the foundational workstreams have now been completed, including the establishment of governance arrangements, development of national documentation and communication materials, delivery of training, and implementation of core local processes. The most significant challenge currently relates to the procurement of external expertise to provide advice, support and financial transaction services for DP recipients. Progress has been delayed pending receipt of national funding, however, funding was confirmed in July and the Health Board has commenced the procurement process with the aim of mobilising the contract by mid August 2026.

Theme	Key milestone	Status
Governance	DP Task & Finish Group, RAID and reporting established	✅ Complete
National framework	Key national deliverables have been received and finalised, including application forms, care plans, service specifications, contracts, financial templates, insurance guidance, roles and responsibilities, and workforce documentation.	✅ Complete
Local readiness	Local SOP drafted and electronic application form	✅ Complete
Commissioning & Delivery Model	Preferred model is procurement of an external DP support service as demand remains uncertain. Procurement delayed pending funding confirmation but approval has been given to proceed.	🟡 In Progress
Finance & Assurance Arrangements	National financial tools and templates are available. Review frequencies have been agreed. Work continues on reconciliation processes, value-for-money arrangements, staffing capacity reviews and financial modelling.	🟡 In Progress
Training – Health Board Staff	All staff training completed	✅ Complete
Communications & Engagement	Patient information, FAQs, website and intranet content have been developed and distributed. Staff awareness activity completed through webinars and communications channels.	✅ Complete

Proposed national measures for Direct Payments

As part of the national implementation of Direct Payments for CHC in Wales, Welsh Government are in the process of developing measures for Direct Payments. The draft measures are outlined below. It is not known when the measures will be finalised however, we will factor these measures into the data capturing and reporting requirements for the new Digital system for CHC which is in the final stages of the procurement process.

Scorecard	KPI	Definition	Target
Financial Compliance	DP accounts reconciled on time	% reconciled within timeframe	≥95%
Financial Compliance	Audit returns submitted	% submitting audit evidence	≥95%
Financial Compliance	Unauthorised spend identified	% outside care plan	≤5%
Financial Compliance	Recovery of mis-spent funds	% recovered	100%
Budget & Sustainability	Over-accumulated balances	% with >3 months surplus	≤5%
Budget & Sustainability	Deficit accounts	% in deficit	0%
Budget & Sustainability	Budget sufficient	% costs met	≥98%
Budget & Sustainability	Sustainability flags	% flagged as unsustainable	≤3%
Timeliness & Process	Initial DP Financial review completed	% completed within 3 months	100%
Timeliness & Process	Ongoing reviews completed	% completed within Period	≥95%
Timeliness & Process	Responses to financial queries	% responded to within 10 days	≥95%
Risk, Fraud & Safeguarding	High Risk accounts reviewed	% of high risk accounts reviewed	100%
Risk, Fraud & Safeguarding	Fraud referrals	% of cases refered to LCFS	100%
Risk, Fraud & Safeguarding	Repeated non-compliance	% of accounts with repeated audit failures	≤2%
Risk, Fraud & Safeguarding	Safeguarding Financial flag alerts	% of cases flagged with a financial alert	100%
Managed Accounts	Accuracy of accounts	% of DPSS accounts with no errors	≥98%
Managed Accounts	Statements issued	% of DPSS statements issued	100%
Managed Accounts	Audit compliance	% of DPSS audits with no material flags	≥95%
Value for Money	DP versus CHC cost comparison	% Cost differential of DP's compared to CHC	≤2%
Value for Money	Prevented care breakdowns	% of DP's requiring emergency intervention	≤5%
Value for Money	Packages reverting to CHC	% of DP's reverted to CHC	≤5%

Overarching Summary

Measure	Category		Year to date comparisons			
Existing Caseload			**Q1 25/26**	**Q1 26/27**	**Variance**	**% variance**
Total caseload by Service Group	Mental Health	Complex Care	231	268	37	16%
	Learning Disabilities	Complex Care	223	232	9	4%
	Long Term Care	CHC, Joint packages, 1:1, S117	506	534	28	6%
	Long Term Care	FNC	811	848	37	5%
	Children and Young People	Continuing Care	17	14	-3	-18%
	Total		**1,788**	**1,896**	**108**	**6%**
Total number of Patients/ Packages of Care	Adult Mental Health		231	268	37	16%
	Learning Disabilities		223	232	9	4%
	Adult Palliative Care		113	124	11	10%
	Elderly Mental Illness	CHC	114	107	-7	-6%
	Elderly Mental Illness	FNC	92	100	8	9%
	General Nursing	CHC	178	162	-16	-9%
	General Nursing	FNC	719	748	29	4%
	Community/ Domiciliary Care	CHC	49	82	33	67%
	Joint Packages	Community & Care Home	15	19	4	27%
	Section 117		34	36	2	6%
	Other		3	4	1	33%
	Children and Young People		17	14	-3	-18%
	Total		**1,788**	**1,896**	**108**	**6%**
Number of joint funded packages	Mental Health & Learning Disabilities		313	123	-190	-61%
	Long Term Care (CHC)		15	19	4	27%
	Long Term Care (FNC)		811	848	37	5%
	Total		**1,139**	**990**	**-149**	**-13%**
Location of placement	College Placement	MHLD	3	5	2	67%
	Day Service	MHLD	40	33	-7	-18%
	Domiciliary/ Community Care	MHLD & LTC	136	168	32	24%
	Low Secure	MHLD	28	25	-3	-11%
	Nursing or Residential Home	MHLD & LTC	596	613	17	3%
	Nursing or Residential Home (FNC)	LTC	811	848	37	5%
	Open Rehab	MHLD	0	1	1	
	Other	MHLD	5	25	20	400%
	Respite	MHLD	7	4	-3	-43%
	Supported Living	MHLD	101	101	0	0%
	Night Service	CYP	13	11	-2	-15%
	Day Service (during school term time only)	CYP	4	3	-1	-25%
	Both day and night at home	CYP	1	2	1	100%
Number of patients in private hospitals	Mental Health		54	40	-14	-26%
	Learning Disabilities		6	5	-1	-17%
New applications/ patients						
Number of applications considered by panel	CHC, Complex Care and Continuing Care		380	315	-65	-17%
Number of applications approved by panel	CHC, Complex Care and Continuing Care		362	307	-55	-15%
Number of applications considered by panel	Funded Nursing Care		153	183	30	20%
Number of applications approved by panel	Funded Nursing Care		126	177	51	40%
Finances						
Spend (in-month)	HB Total (MHLD, LTC)		£25,449,641.75	£26,168,655.14	£719,013.39	2.8%